

AMERICAN MEDICAL TIMES

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Wade & Ford beg leave to call the attention of the faculty to the following notice of this Case of Instruments in the May number of the New York Journal of Medicine, page 497:

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The First Fasciculus of an ATLAS OF ILLUSTRATIONS OF DISEASES OF THE SKIN. copied from those of HERRA.

The three first Works, constituting Vols. VI., VII., and VIII., in the series, are ready, and will be forwarded from London very shortly.

The Portraits of Skin Diseases will be three in number, and of life-size. They will, it is hoped, be ready in December.

It is with pleasure that we announce that the Society now numbers more than *three thousand* (3000) members.

The following Volumes, being the Publications for 1859, can be had by payment of the Subscription.

Vol. I.—DIDAY "On Syphilis in Infants and Children at the Breast." Translated by Dr. WHITLEY.

Vol. II.—GOOCH "On the most important Diseases of Women and Children," with other Papers. Woodcuts. Prefatory Essay by Dr. FERGUSON.

Vol. III.—MEMOIRS ON DIPHTHERIA. From various French sources. Selected and translated by Dr. SEMPLE. With a Bibliographical Appendix by Mr. CHATTO.

Vol. IV.—Comprises the two works of Professor SCHRODER VAN DER KOLK: *First*, "On the Spinal Cord," and *Second*, "On the Medulla Oblongata," and "On the Proximate Cause and Rational Treatment of Epilepsy." Translated by Dr. W. D. MOORE of Dublin. With numerous lithographs.

Vol. V.—Contains translations of the following Monographs:—

1st. KUSSMAUL and TENNER'S "Experimental Researches on the Effects of Loss of Blood in Inducing Convulsions." Translated by Dr. BOSNER, of Bradford.

2d. WAGNER "On the Resection of Bones and Joints." Translated by Mr. T. HOLMES. Numerous woodcuts.

3d. Professor GRAEFFE'S Three Papers on Glaucoma, Iridectomy, &c., &c. Translated by Mr. T. WINDSON, of Manchester.

For the current year subscriptions will be received until Dec. 1. For 1861, all subscriptions must be in before the close of February.

The following is a list of the Hon. Local Secretaries in the United States and Canada.

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* The Report and Circular of the Society can be had on application to the Local Secretaries.

Oct. 18, 1860.

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Sample movement for lateral curvature to the right—expanding contracted (left) side, unbending spine, and pressure on projecting (right) shoulder.

Is caused by *unequal action* of the spinal muscles, generally (but not always) accompanied by muscular weakness. Sound sense and experience prove that supporters, by preventing muscular action, increase the weakness and aggravate the disorder; while gymnastics, acting on all muscles alike, can, at most, only benefit the general health, but cannot correct relative disproportions of muscular strength. A cure would consist in such *regulated* action of the muscles as, in accordance with the anatomy of the body and peculiarity of the deformity, would expand the contracted muscles on the shrunken side, and contract the expanded muscles on the projecting side, and, by introducing a series of muscular actions *opposite* that which produced the deformity, would thus reestablish a uniform and harmonious action of antagonist muscles, when the deformity would disappear. (See cuts.)



Sample movement for lateral curvature to the right—contracting the expanded (right) side, unbending spine, and pressure on projecting (right) shoulder.

2. PARALYSIS

Is produced by a suspension of the nervous stimulus to the muscles by some cause affecting the nervous centres. The shock may have passed off, or the clot in the brain may have become absorbed, and the paralysis may still, wholly or in part, remain, because it requires a special effort to re-establish the connexion of brain and muscles. In ordinary exercise, the unaffected muscles perform the most of the action, while the paralyzed ones perform the least.

This process should be reversed, and the paralyzed muscles made to act while the unaffected parts are at rest. The nerves must be re-educated to perform their functions, by sustained, gentle, well-directed, and repeated efforts of the will on the affected muscles, till the latent power is developed to be an efficient one.



Sample movement for paralysis—concentrating the will on the extensors of the leg, while the rest of the body is at rest.

3. ANGULAR CURVATURE OF THE SPINE

(Pott's disease) consists of actual disease of the bodies of the vertebrae, with loss of substance at the point of disease. The weakened *spine* needs support, but the *muscles* should not be confined.



"Spinal assistant" for angular curvature (Pott's disease), provided with hinges (f, f, f, f, G, G), which allow the spinal muscles to act.

An original instrument (see cut) is used, so constructed with several hinges which bend backward but not forward, that while the spine is supported and the diseased surfaces relieved from pressure, the muscles of the back are encouraged to act (instead of being prevented, as in all other instruments), and thus the muscles themselves are made the efficient part of the instrument acting over the curvature to reduce it. There is no confinement; it is very adjustable; the pressure is increased and diminished at pleasure, and it is worn with the greatest comfort. The importance of thus developing the spinal muscle, contiguous to the diseased point, cannot be overestimated, as results show.

4. THE TREATMENT

(which is based on the Swedish system of Ling), is purely scientific and physiological, and though it is not claimed to be applicable to every case, in many it is very clearly indicated; as, in dyspepsia and constipation, by acting on the stomach and bowels, to give tone to the digestive organs; in consumption, by expanding the chest, distributing the circulation, and increasing the aerating process; in diseases incident to women, by giving general vigor to the muscles, especially of the back, hips, and abdomen, relieving the downward tendency of the organs, and increasing the periphatic circulation, to relieve uterine and other internal congestions.

AND IN ALL CASES the treatment is done, not by the patient's unaided efforts, but by trained assistants, nicely adapting each movement to the strength and needs of each patient, precisely as prescribed by the physician to secure the desired local or general results. There is nothing like "rubbing," "gymnastics," or calisthenics about it, patients are never fatigued, but from the first are very fond of it.

The co-operation of the family physician, as is mostly the case in this city, is always desired when practicable. Cases likely to be benefited are solicited through the profession.

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References:

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" J. W. FRANCIS, " B. F. BARKER,
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De la Contagion syphilitique par A. Fournier, M.D. Svo. Paris, 1860. 75c.

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Clinical Researches on Diseases in India, by Charles Morehead, M.D. 2d edition. Svo. London, 1860. \$6.25.

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The Surgical Diseases of Children, by J. C. Forster, M.D. Svo. London, 1860. \$4.50.

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A Description of the Human Body, its Structure and Functions, by John Marshall, F.R.S. Illustrated by nine Physiological Diagrams, containing 193 Colored Figures. 2 vols. 4to. London, 1860. \$6.25.

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The Elements of Natural Philosophy; or an Introduction to the Study of the Physical Sciences, by Golding Bird and Charles Brooke. 5th edition, revised and enlarged. 12mo. London, 1860. \$3.75.

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Species not Transmutable, nor the result of Secondary Causes: being a Critical Examination of Mr. Darwin's work entitled "Origin and Variation of Species," by C. E. Bree. 12mo. London, 1860. \$1.00.

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Myalgia, its Nature, Causes, and Treatment: being a treatise on Painful and other Affections of the Muscular System, which have been frequently mistaken for Inflammatory, Hepatic, Uterine, Nervous, Spinal, and other Diseases, by Thos. Inman, M.D. 2d. edition. Svo. London, 1860. \$2.70.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Cellular Pathology, as based upon Physiological and Pathological History, by Rudolf Virchow, translated from the 2d edition of the original, by Frank Chance, M.D.; with notes and emendations, principally from MS. notes of the author. Svo. London, 1860. \$4.80.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

A Practical Treatise on the Urinary and Generative Organs in both sexes. 8d edition. Svo. London, 1860. \$6.25. With plates, \$9.00.

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De la syphilis congenitale, par C. Vidal, M.D. Svo. Paris, 1860.

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Original Lectures.

CLINICAL LECTURE UPON THE CÆSAREAN OPERATION.

DELIVERED AT BELLEVUE HOSPITAL, NOV. 8, 1860.

BY B. FORDYCE BARKER, M.D.

VISITING PHYSICIAN.

GENTLEMEN:—I have had no opportunity to prepare my thoughts for the occasion, having been obliged, as is always the case under such circumstances, to act entirely in the emergency; I trust therefore you will make every allowance for any desultoriness in my remarks.*

The case which I operated upon just now I will briefly relate the history of, and then call your attention for a few moments to the conditions and circumstances under which the operation of Cæsaean section should be performed, the method of performing it, and the after-treatment. I was first summoned to see the woman early this morning, and I arrived about 9 o'clock. The history, as related to me, was, that the patient, aged thirty-eight years, had been in labor two days, but that she had not informed the obstetric staff as to her condition until last evening. She was confined twelve years ago with her first child, which after four days' labor was born alive. Since that period she has been confined twice, and both of the children have been delivered, after severe labor, by craniotomy. When examined after her last labor she was told by her physicians, that on account of the condition of her pelvis she would never be able to have a living child, and she was accordingly strongly advised against becoming pregnant. However, she came to the hospital pregnant, and was last night sent to the lying-in ward, when it was found, on examination, that she was in the second stage of labor, that the membranes were ruptured, and the liquor amnii had escaped; the cervix uteri dilatable and partially dilated. Dr. Fernandez, the house physician in charge of the lying-in wards, made an examination, and discovered contraction of the pelvis; this condition was also observed by the house staff. When I arrived, on making an examination, I found the cervix dilated completely and soft; the vagina was somewhat hot and dry, and the pulse at the wrist rather quicker than normal; it had been as high as 120. On examining the pelvic cavity I found it normal in size at its outlet, the soft parts being in an admirably good condition; the presentation was the left occipito-iliac anterior. The scalp was much congested and protrusive. On examining, however, the antero-posterior diameter of the superior strait I found that it was only two inches, the cavity of the sacrum being filled with a bony tumor, which I regarded as exostosis. It apparently had its origin about an inch below the promontory of the sacrum. This point could not be decided with absolute certainty, because the child's head was pressed strongly down upon the superior strait. It was, however, not impacted there, because by using sufficient force I could push the head above the brim.

The pains were frequent and protrusive, but no effect upon the fetal head was produced. Her bowels had been evacuated very freely the night before by a full dose of castor oil. On making a careful examination of the abdomen I found it very prominent, with a considerable degree of anterior and right lateral obliquity; and listening attentively, the sounds of the fetal heart were distinctly recognised in the left iliac region two inches below, and to the left of the umbilicus. Under these circumstances, in accordance with the rules of this institution, I sent for my colleagues Drs. Taylor and Elliot, appointing 11 A.M. as the hour of consultation, and I waited for them until half-past 12 P.M.

There were only, as it seemed to me, two methods of delivering this woman; one was by craniotomy, and the other by hysterotomy. In reference to the first operation, the mere perforation and diminution of the size of the head would not have been sufficient to effect delivery, as it was impossible to get the shoulders through, without cutting the child still more. This method of delivery, *per vias naturales*, is generally and almost universally adopted by British obstetricians under these circumstances. But this operation would be attended with great danger to the mother, resulting from the shock of a long and tedious operation, and the injury which the soft parts would be almost inevitably subjected to. Statistics show that one in five of the mothers, delivered by craniotomy, are lost. The great majority are delivered under more favorable circumstances as regards the pelvic diameters, than existed in this woman. I should not regard her chance from delivery by this method as even one in two; and besides, the life of the child is inevitably sacrificed. This consideration of itself I hold to be of a great deal of importance, notwithstanding it is an established rule and settled principle that the life of the child is to be regarded as secondary to the life of the mother; so that if the other considerations made it necessary to deliver the child by viscerocraniotomy, we should have delivered in that way: it would, in fact, have been obligatory provided the safety of the mother would be secured or rendered probable by those means. The question of the life of the child was of a good deal of importance, but not the primary one upon which the decision settled. I regarded this method as involving also great danger to the mother. There remained then one other which has already been referred to—the Cæsaean section, or hysterotomy, that is, incision through the abdominal walls, the walls of the uterus, and the removal of the child and placenta through this incision.

The question was, Which was the most proper operation to be performed? For my own part, I have long had fixed rules for practice in my mind in order to be prepared to act promptly when such an occasion as this should offer. I have said that delivery by craniotomy, and extraction of the child were attended with great danger to the mother; the operation is very tedious, and inflicts a great deal of injury upon the soft parts, which often proves fatal; besides the woman is liable afterwards to severe shocks, as severe as those which result from an incision into the abdominal walls. A case occurred a few years ago of deformed pelvis from a similar cause, which was visited by nearly all the obstetric physicians in this city. I first saw her, in conjunction with Dr. Livingston, and after a careful examination, the patient being eight months pregnant, I expressed the opinion in as strong terms as I could, that the operation of hysterotomy should be performed at once. I urged the measure at that time because the woman was in a good condition, and I knew that by delay the result of the Cæsaean section would be more than problematical. There was a great diversity of opinion among other gentlemen who examined the case, when finally those in the immediate charge of the patient thought that any operation should be deferred until labor commenced. I was in due time requested to perform craniotomy, but declined, because the proposed measure was contrary to my judgment; I was present, however, at the time. I examined the patient, and would not then have consented to perform the operation of hysterotomy, for this reason; the patient, being in the hospital, had been subjected to the examination of a great many physicians, and in consequence, inflammatory adhesions had taken place, for a fibrous tumor, which had been perfectly movable three weeks before, was bound down by the formation of false membranes. She was delivered with great difficulty by craniotomy, and every part of the child was perforated before it could be removed. As the result

* A large gathering of medical students was present at the surgical clinique of Dr. James R. Wood, who announced that Dr. Barker had just performed the Cæsaean operation in the Hospital, that the child was alive and vigorous, and the mother, so far as could be judged at that early period, doing well. On account of the rarity and importance of the operation he (Dr. Wood) had been induced to request Dr. Barker to take his place for the hour.

of this she died a short time afterwards. On post-mortem examination the cervix uteri was shown to be lacerated; there was recto-vaginal fistula together with intense peritonitis extending through the whole abdominal cavity, which was filled with a large amount of broken-down secretion.

Now then, to return to this case, I felt that the operation of Cæsaean section offered a much better chance to the woman than any other means that could be adopted. The principal dangers from such an operation are, 1. death from hemorrhage; 2. by shock; and 3. by peritonitis.

If you look over the history of this operation, you will find that statistics show that in Great Britain, where the principles which govern the performance of the operation, are different from those in Continental Europe, the maternal mortality is three out of four. You have a reason for this; the British obstetricians resort to delivery *per vias naturales* by means of craniotomy or viscerotomy where such contraction of the pelvic cavity exists, and never make use of the operation of hysterotomy if by any means it can be avoided. The Continental physicians resort to the operation when there is such a contraction of the pelvis as to render the operation of delivery by craniotomy not only necessary, but dangerous; they would operate when the pelvis was contracted to the second or third degree, but the British obstetrician would not attempt it short of the fourth degree. Another reason for the mortality in this operation in Great Britain, is due to the fact, that the obstetricians there rarely attempt it until the patient is in a condition every way to bear the operation very badly. The American physicians follow neither school, and may hence be styled eclectics. If we are guided by general fixed principles, we will not hesitate to perform the operation just as soon as we have come to a decision in the matter; the earlier the better, and the greater the probability of the patient's recovery. It was with this end in view, that I determined upon taking the course that I did. I waited patiently for the hour of consultation and the arrival of my colleagues, who I expected would bear with me the weight of responsibility; but at half-past twelve, it was clear to me that duty to the patient required that I should wait no longer. The patient began to grow more and more irritable; and another reason which I considered very urgent, was this: By obstetric auscultation, you have a method of determining not only the viability of the fetus, but with considerable degree of probability, the amount of vitality which belongs to the child: if, during labor, the fetal heart beats 120 to 130 per minute, and regularly, and if in the course of two or three hours it increases very much in frequency, and is less in force, it indicates plainly to the obstetrician, that the child's life is in danger, and that delivery should be resorted to at once, provided there is nothing to jeopardize the life of the mother in adopting such a course. The fetal heart, in this case, was getting on to 140. Just at this time, one of my colleagues, Dr. McCready arrived. He not only examined the patient *per vaginam*, but marked the frequency of the fetal heart.

It was then important that the operation should be done at once. The first step was to empty the bladder by the catheter, the rectum having been previously freed by the dose of castor-oil the night before. I should remark that the patient during the morning had been kept under pretty full doses of opium, for the purpose of preventing nervous exhaustion. After the bladder was evacuated, the patient was brought under the influence of chloroform, Dr. McCready taking charge of its administration. The various members of the house-staff applied their hands to the abdominal walls, making firm compression over the uterus in order to prevent any portions of intestine from intervening. I commenced the incision to the left of the umbilicus and two and a half inches above it, passing down to the left, in order to avoid a branch of the umbilical vein, which is sometimes troublesome, as far as within two inches and a half of the pubes. The first incision was through the integuments; then with a probe-pointed bistoury I made an opening first into the peritoneum, and afterwards passing my finger into it made the section from below upwards, using

my finger as a guide. This mode of procedure is important to bear in mind, inasmuch as you thus prevent the falling of intestines. Then the incision was made downwards through the walls of the uterus, and dividing the walls in successive layers, the fetus was found lying in the uterine cavity in the position made out by the first vaginal examination. The child being removed, the next step was the extraction of the placenta. Some writers advise extraction through the vagina. I had long ago made up my mind, if ever I was called to a case of this sort, that I should not follow the rule, because the sooner perfect contraction of the walls of the uterus is secured, the greater would be the probability of saving the mother. The placenta was at once extracted through the incision. I was careful to give it three or four twists in taking it away, that I might be sure that all the membranes attached to it were removed. As soon as this was done, we made firm compression over the abdominal walls, and by contractions of the uterus, the incision, which was originally five inches in length, was reduced probably to two or three in extent. Dr. McCready at once ceased the administration of the chloroform, so that we might have the full benefit of the vital power in firmly contracting the womb. The fluid from the cavity of the abdomen was removed by means of sponges and compression. The patient was a good deal exhausted, the shock was very considerable, and the pulse at one time was from 134 to 140. We gave her also a large dose of morphia, and brandy was administered, and she was stimulated by the inhalation of ammonia. In all cases of severe shock, allow me to say, by way of parenthesis, after operations or after delivery, you must be careful in your use of stimulants not to give too much at a time, for fear you might induce vomiting, which in itself is likely to bring on prostration. By this method, we succeeded in obtaining pretty good reaction, and I am happy to say that the patient is now in as good a condition as could be expected; the child is alive and well, and weighs nine pounds and three ounces. Pressure over the abdomen is still being kept up by the assistants, in order to secure permanent uterine contraction. The wound has been closed by silver sutures, and we have allowed a small aperture about an inch in extent, to remain for the escape of the fluids from the peritoneum, but we expect the lochial discharge from the uterus to take place through the vagina. Her pulse is now 104; she has recovered her mind entirely. As for the future, we can only wait and hope; a great deal will, however, depend upon the subsequent treatment. Some of the circumstances under which she is placed, are not as favorable as I should wish them to be. I should prefer to see her in a room with a regulated temperature of 72° Fahr., kept up by a grate-fire, and that she should be free from all chances of shock or nervous exhaustion of any shape. These are very important prophylactic measures; but the one to be relied upon above all the others, consists in the use of opium to the point of semi-narcotism, selecting that particular preparation which will be best borne by the stomach. This article should be used for two reasons, 1st, As a stimulant, to restore nerve power after the severe shock; 2d, As a prophylactic against peritonitis.

When reaction is established, we shall, in the first place, apply compression over the whole abdomen by means of broad adhesive straps; this will secure firm contraction of the uterus, at the same time it will prevent exposure to cold and consequent peritonitis. Then we shall endeavor to support her well by proper nutrition and stimulants, in order to secure the reparative process as efficiently as possible.

SIR BENJAMIN BRODIE has been induced by his impaired sight to resign his position as President of the Royal Society. The Council of that Society, however, have unanimously requested him to allow himself to be again nominated with the understanding that he will not for the present be called upon to preside. To this arrangement he has consented. His disease seems to be glaucoma of one eye, and cataract of the other.

CLINICAL LECTURES ON CONSTITUTIONAL SYPHILIS.

DELIVERED IN BELLEVUE HOSPITAL.

BY

ALFRED S. LOOMIS, M.D.,

PHYSICIAN TO THE HOSPITAL.

GENTLEMEN: I ask your attention to-day to a consideration of the syphilitic affections of the *mouth, pharynx, nasal passages, and larynx.*

The mucous surfaces, especially of the mouth and throat, being intimately connected with the skin, participate in its diseases, especially when the cause of such disease depends upon a specific poison. We see this principle exemplified in *rubeola, scarlatina, and small-pox.* Wilson states that all the modifications of the manifestations of syphilitic virus, which are presented by the skin, are to be found on the mucous membrane of the mouth and throat. Attempts have been made to classify the affections of the mucous membranes so as to correspond to different forms of cutaneous eruption; but this is always difficult, and often impossible, if for no other reason, on account of the unfavorable disposition of the parts affected.

Most writers on syphilis establish a variety of syphilitic affections of the mouth and throat, corresponding to syphilitic exanthemata; a second variety coinciding with papular eruptions; a third, which corresponds with the squamous variety; a fourth, analogous to pustular eruptions; and a fifth, which presents the appearance of ulcerated tubercular eruptions. All of which varieties accompany the different cutaneous eruptions, and to a greater or less extent resemble them. But a practical view of the subject reduces all of these different forms of ulceration to two varieties.

1st, The *superficial.*

2d, The *sub-mucous or deep-seated.*

The superficial variety belongs to the (so-called) secondary manifestation; the deep-seated variety to the (so-called) tertiary manifestation of syphilis.

The first class, or superficial variety, never extends beyond the mucous membrane. At its commencement the membrane is simply congested, with slight tumefaction, presenting very much the appearance of ordinary aphthæ. In a few days the patches assume an opaline appearance, followed by a peculiar secretion, with inflamed margins, under which is a superficial ulceration. The surfaces of these ulcerations have sometimes a slight granular aspect, their center is deeper than the surrounding mucous membrane, and they may be situated on the tongue, the cheeks, the tonsils, the palatine arch, the velum palati, seldom behind the posterior pillar of the fauces. They are attended with no pain, except a pricking sensation during deglutition. On the tonsils and root of the tongue of this girl (Margaret Murphy), whom I presented to you at our last meeting, with a papular eruption, you find these aphthous ulcerations. On inquiry she states that she has no sore throat, showing how little inconvenience they occasion to patients. By a careful examination of all patients with syphilitic eruptions, you will find at some time during their manifestation this form of ulceration, varying from a slight erosion to a fully developed ulceration.

The *second or deep-seated variety* commences in the cellular tissue beneath the mucous membrane, or in the tissues still more deeply seated. It is preceded by tumefaction of the adjacent parts, destroying in its progress the mucous membrane, forming an ulcer with perpendicular everted edges, tumid border, and yellow base. If it is connected with any form of eruption it will be with the pustular, but it is apt to occur without any form of cutaneous eruption in the last stages of syphilis; periostitis and otitis being present. This variety may attack the uvula, the tonsils, the velum palati, the tongue, but the favorite spot for its development is the posterior surface of the pharynx. At times this form of ulceration assumes a phagedenic character,

destroying rapidly all the soft tissues of the pharynx, and not unfrequently the osseous plate behind the pharynx.

You have exhibited in this cachectic middle-aged woman a well-marked ulceration of the second variety, occupying the left tonsil and a portion of the posterior surface of the pharynx. In her history, she states that three years ago she had primary, followed by "sore throat," as the first symptom of constitutional infection. Since, she has had iritis, alopecia, repeated attacks of sore throat, and now has nodes on the tibia. In examining her fauces, you notice that the ulceration extends as far back in the pharynx as one is able to see. It resembles somewhat an irritable chancre, its edges are everted with a circumference of a deep red color, its base is of a greyish-yellow color; from its appearance and the condition of the patient, I should fear the ulceration would assume a phagedenic character.

In studying syphilitic affections of the nostrils and nasal fossæ, the same two varieties of ulceration which have been described as occurring in the mouth and pharynx are met with; the superficial which precedes and accompanies the eruptions, and the deep-seated which occurs later and always compromises the bones or cartilages. The first is characterized by a fungous swelling of the mucous membrane of the nose, with an alteration in the character of the secretions, the latter becoming profuse and offensive, sometimes bloody. In this girl whom I called your attention to at our last visit, with a papular eruption, and who was treated for primary at the Island Hospital, you find the pituitary membranes presenting this variety of ulceration.

In the second or deep-seated variety, the ulcerations occur within the alæ of the nose, involving the cartilages, the spongy bones, and the membrane covering them. From their situation, they are difficult of detection, often commencing in the bones themselves, attended with little or no suppuration, but with a peculiar fetid odor that leaves little doubt as to the nature of the disease. It is this form of ulceration which often results in the entire destruction of the nasal bones and cartilages, giving that disgusting deformity of a face without a nose. In speaking to you of the syphilitic affections of the larynx, I feel, Gentlemen, that I have arrived at the most obscure, and at the same time one of the most formidable varieties of constitutional infection.

Frequently some of the ulcerations which I have described to you as occurring in the mouth and pharynx extend downwards, involving the glottis and larynx, affecting the vocal apparatus, causing alterations or entire loss of voice, and at times occasioning œdema glottidis. In syphilitic affections of the larynx, I doubt if one can retain distinctly the two varieties of ulceration which have been described as occurring in the buccal cavity; they only occur long after the primitive accident, and the ulcerations are always sub-mucous in their character. They produce all the symptoms attending diseases of the larynx, but their true character is readily appreciated, for they never seem as a solitary symptom of constitutional syphilis. The symptoms attending them often closely resemble those of tubercular laryngitis, but a careful physical examination of the chest will set us right in this particular, and with a perfect history of our patient we can scarcely confound the two diseases. These ulcerations may have their seat upon the epiglottis, the arytenoid cartilages, the chordæ vocales, and even extend into the trachea. Dr. John Watson of this city has reported a case where the autopsy revealed an ulcer in one of the bronchial tubes of a syphilitic character. But, that you may realize more fully the danger that sometimes attends these laryngeal ulcerations, I will present to you the histories of the two patients before you, who, you see, are breathing through tubes introduced into the trachea through the crico-thyroid membrane. By them I shall be able to elucidate the main features of this affection.

The history of this patient, Hannah McN., has been carefully prepared by Dr. JOHN HOWE JR., House Physician.

She is 30 years old, a widow, native of Ireland, admitted July 3, 1860, intemperate, is the mother of two children, the youngest being seven years old. A short time subsequent to the birth of her last child she contracted primary syphilis from her husband, which was entirely neglected, and which became constitutional. The various phenomena of the secondary and tertiary forms rapidly developed themselves, some of them making repeated appearances. Seven weeks previous to this present admission she came to the Hospital with her fifth recurrence of sore throat, but left before she was entirely relieved. The present attack was excited by exposure to cold and moisture while washing clothes, and came on about four weeks after her discharge from the Hospital.

On her present admission to the office of the Hospital at 4 p.m., July 3, she was seen by one of the House Surgeons and pronounced moribund, and ordered to be transferred immediately to one of the wards. When called to see her five minutes afterwards, I found her sitting erect in bed suffering intense dyspnoea, and grasping at her throat with her hands in her attempts at inspiration. Her countenance bore a fearfully anxious expression, her lips were blue, her face livid and distressed, her extremities cold, her skin was of a cold clammy feel, and bathed in a profuse perspiration. The respiration was sixty to the minute, and almost entirely cervical, the inspiration being accomplished with the greatest efforts, about half filling the lungs, and being accompanied by the peculiar "dry-piston" sound of laryngeal obstruction.

On making a digital examination of the throat, and passing my finger down behind the epiglottis, I had my apprehensions of oedema glottidis confirmed, by feeling the tumid portions of the rima glottidis, which were so much swollen and approached each other so nearly as almost entirely to obstruct the passage of air. Her pulse was 120 and feeble, and she tossed about gasping that she was choking. Before proceeding to extreme measures, the heater was applied to aid in bringing reaction. A sinapism was placed upon the throat and the fauces, and the larynx was probed with a 60 gr. sol. of nitrate of silver. Brandy and carbonate of ammonia were administered freely. Scarifications were not attempted. At 5 p.m. called the House staff together and proposed to operate for laryngotomy, the necessity for which was instantly conceded. A slight amelioration in the symptoms presently taking place, the operation was postponed, an assistant being directed to sit at the patient's bedside and report immediately any exacerbation, and a messenger sent for Dr. Loomis. At 7 p.m. I was summoned to the patient, who was truly in the greatest extremity, her pulse was 140, and felt with difficulty. Having nothing to hope from the means already employed, and feeling that further delay was criminal, Dr. Loomis not having arrived, I proceeded to operate in the usual manner for laryngotomy. On the introduction of the tracheotomy tube, the relief was instantaneous. A few clots and a quantity of mucus were ejected through the tube, and in half an hour after the respiration became deep, regular, and 35 per minute. The lips lost their lividity, and the face assumed its natural expression. The pulse was still 140, and weak brandy and beef-tea were administered *ad libitum*.

At 9 p.m. the pulse was 120 and fuller, the extremities warmer, and the respiration 30 per minute. At 11 p.m. she had optical illusions, which seemed to portend delirium. The respiration was 25, pulse 114, and the patient showed a disposition to sleep. At midnight she fell asleep, and slept till 4 a.m. of the 4th. At 6 a.m. the respiration was 20 and regular, skin moist and cool, pulse 100, and she was ordered a full diet of eggs, milk, beef-tea, &c., for the day. From this time she improved rapidly. The inner tube was removed and cleaned every three hours. On July 8, she was able to get out of bed; her pulse was about normal, and her respiration established at 18. Another examination of the throat showed the oedema to have entirely disappeared. The epiglottis could be distinctly felt, ulcerated and indurated, and the rima glottidis roughened. Treatment

was now directed to the syphilitic disease. The constitution was built up by cod-liver oil, quinine, and iron, generous diet and wine. Topical applications of iodine were made to the larynx, and anti-syphilitic remedies addressed to the general system. She has been daily improving. To-day there is upon the superior border of the epiglottis a white line of erosion; her voice, as you notice, is still husky, pressure on the larynx gives pain, she becomes livid and suffers from extreme dyspnoea, when the tube is entirely closed, even for a moment; expectoration through the tube is very copious and of a muco-purulent character. By digital examination the epiglottis is felt to be contracted and thickened, the posterior pillar of the fauces feels like an old cicatrix. We will continue for the present the treatment detailed above. The history of this other patient before you has been prepared by Dr. Alex. Hadden, House Physician.

Anna S., aged 27, intemperate, native of Ireland, was admitted July 18, at 4 p.m., suffering from extreme dyspnoea. Had primary syphilis seven years ago, followed within a year by constitutional symptoms; one year ago had an eruption on her skin, four months since had ulceration of tonsils and pharynx; three weeks before admission began to have difficulty in breathing, which has daily increased. Examination on admission: no tuberculous deposit detected in either lung; fauces not inflamed; mucous membrane of epiglottis (which could be plainly seen) thickened and congested, the vessels appearing very distinct; inspiration very difficult, expiration quite free; hands cold and livid in appearance; pulse 110 and feeble; pressure over the larynx gives patient intense pain, voice husky, cannot articulate distinctly enough to be well understood. Topical applications of nitrate of silver, xl. gr. to $\frac{3}{4}$ i., vapor inhalations, belladonna plaster, and hot air baths affording but temporary relief, and her dyspnoea at 12 m. becoming imminent, and her condition one of almost complete asphyxia, laryngotomy was resorted to. Immediately on the introduction of the tracheotomy tube relief was obtained, and in a short time she slept quietly, not having been able to do so for weeks. Tuesday, July 20, her respiration is 20 per minute and regular, her pulse 80 and full, and her face has resumed its natural expression. When the finger is placed over the mouth of the canula, immediately her countenance assumes an anxious expression, her lips become livid, and by her ineffectual attempts at inspiration, she shows plainly that the larynx is not permeable to air. Aphonia is complete. She is ordered beef-tea, milk, eggs, etc. Topical applications of iodine are made to the larynx, and anti-syphilitic remedies are addressed to the general system in the form of mercurial baths and iod. pot. These two patients present to you the principal features of syphilitic ulceration of the larynx. Not that we are always to resort to the extreme measures which we have been compelled to adopt in these cases to prolong the lives of our patients, but in all patients affected with this form of disease, you will have to a greater or less extent the prominent symptoms manifested by them. Its mildest form may be characterized by simple hoarseness, or ordinary catarrhal symptoms; but if the venereal poison is fully developed in the system, you will have permanent thickening of the mucous membrane, or ulcerations of the deep-seated variety involving at times the cartilages, producing fever with night-sweats, and all the train of symptoms of laryngeal phthisis.

I have not spoken thus far of the treatment to be adopted in the different forms of ulceration, which we have been considering, nor shall I to-day detain you with the details of their treatment. When I shall have described some of the other manifestations of constitutional infection, I will enter fully into a consideration of the treatment of all the varieties of constitutional syphilis. The constitutional is that applicable to all forms of consecutive syphilis. The local consists in the topical application of caustics, tincture of iodine, acids, the vapor of mercury and iodine, astringent gargles, and in certain forms of ulceration of the larynx, the operation of laryngotomy.

Original Communications.

FUMIGATION OF THE LUNGS AND AIR-PASSAGES.

ABSTRACT OF A PAPER READ BEFORE THE ACADEMY OF MEDICINE, FEB. 1, 1880.

By CHARLES MATHEWS, A.M.,

PROF. OF CHEMISTRY.

No principle of medical science is more simple and obvious than this, that in local diseases, as a general rule, the local application of remedial agents, although not always to be depended upon alone, offers the best prospect of relief, or of cure, as the case may admit of one or the other. The practice of the profession, and the popular modes of treatment outside of it, are equally consistent with this plain and common-sense idea, and the success which usually attends its judicious application attests its truth and importance.

In complaints of the lungs, trachea, larynx, nares, and adjacent parts, this mode of treatment is attended with very embarrassing difficulties. The most important of these organs, either from their interior situation or their extreme sensibility, are not readily reached and acted upon either by solids or liquids; and the attempts which are daily made by some modern practitioners, by means of mechanical devices, to operate directly upon such parts, while undoubtedly they meet with a certain degree of success in many cases, in others are either wholly impracticable or unsuccessful; while in all cases they are attended with such distress and suffering as to repel the timid and nervous patient; to say nothing of the dangers attending them which some recent events have demonstrated: so that the confidence both of the profession and of the public in the mode of practice alluded to is decidedly limited. Under such embarrassments, it is easy to understand why the cautious and scrupulous physician, for the most part, when consulted in a serious and advanced case of disease of any of the parts just mentioned, is slow to give encouragement of a radical cure; and why, relying mainly upon constitutional treatment, with hygienic and dietetic directions seldom possible to be observed, he so often fails to remove the malady, or materially to relieve the patient, that this whole class of diseases is proverbially considered as *scandalum medicorum*—a reproach to the healing art.

Nor is this a cause for wonder. Not to enlarge upon the impracticability, in nine cases out of ten, of following out, however important, the precepts laid down in reference to diet, regimen, habits, occupation, etc., let us look at the matter of constitutional treatment.

Take, for example, a very common affair, an ulceration of the larynx. Now, if we estimate the amount of blood passing through the small vessels of this delicate organ at 150,000, the part of that which makes up the whole mass of the circulating fluid, it is evident that, given the amount necessary to produce a given effect upon the larynx, a thousand times as much of the medicinal agent employed must be administered, and diffused throughout the whole circulation, even supposing no change made in its properties (a supposition, however, at open war with all the facts), by the chemical or vital action of the many solids with which it comes in contact, and of the various fluids through which it is diffused in its long and circuitous journey from the mouth to the part in question. What mischief and misery it may produce or aggravate on its way, in the stomach, intestines, liver, lungs, or heart, before reaching the larynx, or deposited from the blood in more retired parts of the system, is too well known to require more than a passing allusion. This state of things would be sufficiently discouraging, were no other resource left. Fortunately there is; but for centuries the profession has made unsuccessful efforts to put it in practice in an available

manner. We mean the inhalation of medicinal substances in a gaseous or aeriform state. This method of treatment has for a long time, at intervals, enjoyed no small popularity, both within and without the profession, but has not hitherto given such clear and decided results as to secure the degree of confidence which we believe its merits to deserve; and we propose to show that the limited success so far attending it has arisen from the imperfect plans and defective apparatus heretofore used, and not from a fault of the principle involved.

We remark, then, in the first place, that the apparatus employed is commonly both expensive and cumbrous; often requiring the aid of a nurse, or professional assistant; not seldom, when in use, annoying to the family, as well as distressing to the patient, and requiring the devotion of so much time to its proper use as seriously to interfere with his occupation, when well enough to give some attention to business. The result of all these drawbacks is, that it is rarely used at all as a prophylactic, or in ailments whose mild type admits of a good hope of cure; and when resorted to in a case of danger, is seldom effectually persevered in; the simple draught or pill, which offers some slight prospect of relief, being so much more convenient.

As to the various modes of application hitherto used, take first the moist method, by means of tinctures and infusions, whether cold or warm, with the ordinary inhaler. Now, it is evident that the medicinal agent will not pass into a state of vapor at all at a temperature which the patient can endure, unless it is very volatile, at a heat but little above that of the human body. But, if thus volatile, it is also plain that it will pass over at first too strong, producing irritation and distress; but soon, its strength being exhausted, it will become inert and useless; the whole operation being thus irregular and uncertain.

Take next the fumigations with substances less soluble, as mercurials, resins, etc., by throwing them on a heated metallic plate. Here the same objection occurs, viz. first, an excess of powerful and irritating vapors, to suffocate and distress the patient and annoy the household, and presently an entire want of vapor; the whole ending in little or no progress in the cure of the disease.

Again, if the attempt be made to smoke stramonium, or other powerful narcotic herbs, in an ordinary pipe, it will be found that the bulk of coarse vegetable matter necessary to keep up the combustion will generate an amount of smoke and empyreumatic vapor which will irritate and even excoriate the mouth, and cannot be safely and comfortably inhaled.

Finally, the plan of projecting, blowing, or inhaling into the lungs dry powders, whether vegetable or mineral, though it has a show of plausibility in theory, in practice will be found difficult and inconvenient.

Are we, then, driven to the distressing and hazardous expedient of the bent stick of whalebone, with the sponge attached? By no means; for we propose now to explain a more excellent way, whereby the fumes and vapors of a great variety of remedial agents may be introduced with the breath into the air-passages, and carried even into the cells of the lungs, in a diluted, attenuated, and nicely graduated form, thereby securing their slow, mild, and continuous action upon the diseased membrane, or made, if desired, to act upon the fluids, by bringing them in this most direct manner into contact, as it were, with the blood, or lastly to affect the nervous system, and that without distress or inconvenience to the patient or others.

The apparatus by which we claim to accomplish all this is a new and peculiar invention, which we have named the Multiform Fumigator, and is constructed as follows:

First, we form a slender tube of thin paper, of suitable length, in one end of which is fixed a short and stiff tube of the same material, to serve as a handle and mouth-piece.

Secondly, is constructed another tube, of delicate tissue paper, closed at the bottom, to hold the powder to be smoked, and fitting into the first tube in such a way, that

there will remain just space enough between the two for the passage of the smoke. The inner tube being then filled with the powder, and twisted to a point, the compound tube is ready to be lighted and smoked in the manner of a cigar. For the convenience of a patient sitting up in bed, a light, sliding pan, spoon-like in form, is attached to the tube, to catch and hold the ashes.



The proper construction and filling of the tube is a matter of much nicety, which we omit, and pass to the consideration of the substances with which it is to be filled.

The first desideratum is a proper combustible powder, inert itself, or nearly so, which may serve as a fuel, by burning which the medicinal agents mixed with it, either singly, or combined to suit the case in hand, are sublimed, or made volatile. Many vegetable substances answer this purpose very well, as decayed wood, pine bark, etc.; but the powder of cubebs is, on the whole, preferable in all cases where a gentle stimulus is admissible. The mild and agreeable volatile oil contained in this well known drug is itself highly efficacious in many cases requiring a gentle stimulation of the mucous membrane, and can very seldom be objectionable.

The tube, when filled and lighted, will burn slowly for a long time, and the vapors and fumes can, with a little practice, be cautiously inhaled without inconvenience or irritation, when the larynx, trachea, or lungs themselves are the seat of disease; expelled through the nostrils, in the treatment of their many troublesome and obstinate ailments; retained in the mouth for toothache, neuralgia, etc.; or, finally, for deafness, or other complaints of the inner ear, forced into the Eustachian tube.

As to the diseases of various classes, including organic, nervous, and humoral, to which the treatment is applicable, it would be out of place here to attempt a catalogue or a classification; their name is legion; their forms Protean; their type the venomous and deadly Hydra. To all such complaints the various well-known remedies can be applied in this manner, with a strength accurately graduated to suit the given case; whether powerful and active, for the relief of distressing and violent attacks, as of racking cough or spasmodic asthma, or milder, for quickening the circulation, or eliminating viscid and unhealthy secretions of the mucous membrane, or as a prophylactic in incipient or suspected disease.

Besides local and fixed organic affections, nervous ailments also, either of the system at large or of particular parts, and impurities of the blood, especially scrofulous, tubercular, and syphilitic, are amenable to this treatment.

As to the latter class, namely, those arising from impurities of the blood, the researches of modern physiology, and their bearing upon the origin of miasmatic, endemic, and epidemic diseases, all tend to one conclusion, that as disease and death are inhaled and fixed upon the system with the air which we breathe, by its action upon the blood in the lungs, so health may be preserved or restored, and life prolonged, by the wise use of remedies in the method here proposed.

A few words as to the various classes of remedies, for the cure of which the Fumigator is adapted, will conclude this article—premising that we claim, by means of its peculiar arrangement, to have furnished for the first time to the world an apparatus whereby it is possible to smoke a substance in an *impalpable powder*, and inhale its vapors. The advantage thence accruing, in the accurate combination of powerful and insoluble substances, both vegetable

and mineral, in minute proportion, with more inert materials, is very evident.

1. Opiates and narcotics; as opium, stramonium, conium, belladonna, digitalis, cannabis, lupulin, veratrum, aconite, and many others.

2. Balsams and resins; as tolu, benzoïn, copaïva, assa-fetida, ammoniac, camphor, tar, and other substances yielding creasotic and naphthous products.

3. Aromatics and stimulants; as aromatic herbs, cubebs, anise, *et id genus omne*; cloves, capsicum, mustard, musk, astoreum, etc.; the powerful in minute proportion.

4. Metals; as mercury in its combination with oxygen, chlorine, iodine, and bromine; also arsenic and antimony.

5. Other agents, rather miscellaneous; as valerian, lobelia, arum, ipecac, iodine with starch, acetic acid and acetone, liberated by heat from acetate of lead, and many others, of various kinds, as the practitioner may prefer.

As to the great question of the practical results of the above mode of treatment, they have been so far decidedly favorable; and the invention is offered to the profession as the fruit of much labor and study, with much confidence in its value and importance.

Reports of Hospitals.

BELLEVUE HOSPITAL.

TYPHOID FEVER COMPLICATED WITH PHLEBITIS.

[Reported by WM. C. FERGUSON, M.D., House Physician.]

WINIFRED B., æt. 20, domestic, was admitted to the Hospital, Sept. 21. For nearly a week previous, she had been suffering from the symptoms of incipient typhoid fever but had not, until a day or two before admission, been confined to her bed. When examined, after her entrance, she was found with the following symptoms:—skin dry and hot; cheeks flushed; tongue slightly moist and coated, but intensely reddened along its borders; pulse 108 and strong; conjunctiva bloodless; inclined to be drowsy. The patient was shortly after seen by Dr. Elliott, the attending physician, who confirmed the diagnosis of typhoid fever which had previously been made. A febrifuge composed of sweet spirits of nitre and spirits of Mindererus was prescribed, together with beef tea; and directions were also given to have the body sponged with tepid water. There was no material change in her condition until the 23d, when symptoms of bronchitis began to declare themselves; the tongue became more thickly coated, and the pulse ranged from 110 to 112. Stimulants were given freely, but in the course of the following three or four days the bronchial inflammation extending over the whole chest, it was found necessary to apply dry cups and administer an expectorant composed of the following ingredients: Carb. ammoniæ, ℥ij; tr. sanguinariae, syr. bals. tolu, ʒi; aque ʒii; the dose of which was a tablespoonful every two hours. The abdomen became tympanitic, and the patient complained of pain on pressure in the right iliac region, in which situation a vesicating plaster was applied, followed by a poultice five hours afterwards. Sept. 27.—Pulse 124; blister raised well; tympanitis not increased; pain in iliac region subsided almost entirely; bronchitis still exists, and expectoration quite free and abundant. Turpentine stupes were directed to be applied to the chest. Diarrhœa being present, five grains of ext. catechu were given every two hours. Sept. 28.—Diarrhœa checked; bronchitis diminishing; pulse 130, and weaker; stimulus increased and carb. ammonia added. Sept. 30.—Pulse 130 and compressible; tongue dry and sordes upon the teeth. General treatment

continued. Oct. 2.—Pulse 132; tongue dry; bowels moved three times during the night; ext. catechu given as before with the same result. Oct. 3.—Pulse 120; lies in a semi-comatose condition; during the night passed the urine involuntarily; in addition to the beef-tea and stimulants, iron and quinine were prescribed; bronchitis still continues. Oct. 4.—Involuntary evacuations of urine have ceased, but patient is otherwise about the same. Oct. 6.—No change since last note; but pulse now becoming more excited it is deemed best to reduce the quantity of stimulus. Oct. 14.—Patient commencing to convalesce; complains of pain in left leg, which is swollen and oedematous, and which, on examination by Dr. McCready, was pronounced to be phlebitis. The following liniment ordered: Tinct. iodine, 3 ss.; lin. saponis comp. 3 iiss. The patient is too feeble to allow the application of leeches. Oct. 17.—(Edema and tenderness of the limb very much diminished; iron and quinine continued with beef-tea and stimulants. Oct. 29.—Has been steadily improving, and is now able to be up for the greater part of the day, the symptoms of phlebitis having entirely subsided.

Clinical Record.

UNIVERSITY MEDICAL COLLEGE.

PROF. VAN BUREN'S CLINIC.

November 8, 1880.

HYDROCELE. STRICTURE OF URETHRA. FRACTURE OF RADIUS; SHRADY'S SPLINT.

CASE V.—*Hydrocele*.—A. K. æt. 67, cooper by occupation, has had hydrocele for the last twelve years. The usual symptoms of this affection, as marked in this case, are: a pyriform tumor that has been growing for several months, uniform in hardness, with a tendency to constriction around its centre. The most reliable test for hydrocele is that by translucency, but this cannot always be obtained in consequence of a thickening of the tunica vaginalis by an inflammation of its substance. Hydrocele may be dependent upon a disease of the testicle itself, and most commonly such disease has its origin in syphilis. It is very important that you make out the existence of such a state of things before attempting the rejection of the one, otherwise harm might be occasioned. The testicle is found to be healthy, and accordingly I advise that the sac be injected with some stimulating fluid, in order to excite a sufficient amount of inflammation to alter the tendency to secretion. The radical cure of this disease is best effected by means of the injection of the compound tincture of iodine, which is much to be preferred to any other preparation used for the purpose. The fluid which is drawn off is always albuminous in character, as can be proved by the addition of a small quantity of nitric acid. I use the tincture generally diluted with two-thirds to one-half water; but I have injected the tincture of iodine into the sac pure, without any bad result. The degree of inflammation following the compound tincture of iodine is somewhat uncertain, and bears no relation to the amount of pain which it causes at the time. When the pain of injection is greatest, and it is sometimes severe, the consequent inflammation is often trifling. When the pain is severe I advise the patient to keep his bed, otherwise to walk about. The hydrocele was injected, and the patient complained of little or no pain.

CASE II. (See page 331) returned.—*Stricture of Urethra* under treatment by dilatation.—A number 7 bougie can easily be passed to-day. It would be proper, even after a full-sized instrument can be passed, to continue its use for an indefinite period, in order to perfect the cure.

CASE VI. *Fracture of Lower End of Radius, treated by Shradys Splint*.—This patient is one of two cases of recent silver-fork fracture, who applied for relief at our last Clin-

nic, illustrating the fact, that this is the fracture of most frequent occurrence in practice. Preference was then expressed for short splints in the treatment of this injury, as less likely to be followed by stiffness of the wrist-joint. In one of the patients the short splints were used, and in the other the limb was placed upon the splint invented by Dr. George F. Shradys, late house-surgeon of the N. Y. Hospital, for this variety of fracture, and which I have employed with good result in that institution. When placed upon this splint, the hand, as you see, is both flexed and adducted—the most advantageous position in which it could be placed in this fracture to retain the fragments in apposition. This splint is a modification of Dupuytren's; his idea was to adduct the head in order to obviate the tendency to deformity, in bad cases, in the opposite direction. Dr. Shradys adds to this the flexed position of the hand, which has a positive influence in obviating the tendency to the silver fork deformity. Dr. Gouley tells me this splint has been used with advantage in Bellevue Hospital. It is an improvement, and in bad cases is well calculated to prevent deformity, which is always a difficult task; but in less severe cases, it has the disadvantage of confining the wrist-joint more than the short splints, rendering the early employment of passive motion necessary.

JOURNALS FOR NOVEMBER.

ST. JOSEPH MEDICAL AND SURGICAL JOURNAL.—NOV.

ART. I.—*Quinine and Prussiate of Iron in the Treatment of Dysmenorrhœa*. By DR. J. B. SKELSON.—Dysmenorrhœa is not always dependent upon engorgement, displacement, or stricture of the canal of the cervix; it is sometimes purely neuralgic, or according to the author's observation, more frequently of a rheumatic character, in the treatment of which his plan is to clear out the alimentary canal with proper purgatives, and to relieve the sufferings of the patient during the menstrual period, with the warm bath, and some preparation of opium in combination with camphor and ipecac; and during the intermenstrual period one of the following pills morning, noon, and night. B Sulph. Quinine, Ferri Ferrocyanaureti aa gr. xl., divide into xx. pills. He has pursued this plan of treatment for several years with results entirely satisfactory, and considers it equally well adapted, whether the disease be of a neuralgic or rheumatic nature. ART. II.—*Remarks on the Effect of Diseased and Neglected Teeth upon Health, and their influence over, and complication with disease in many varied forms*. ART. III.—*Extracts from a Note Book*. By DR. G. C. CATLETT.

RAPE COMMITTED DURING MAGNETIC SLEEP.—A case of this is recorded in *La Presse Médicale de Marseille*. A girl, 18 years of age, believing herself to be sick, consulted a man who professed to cure diseases by animal magnetism. For some time she went to him daily. After about four months and a half she perceived that she was pregnant, and complained to the police authorities, who consulted Doctors Costa, Director of the School of Medicine, and Broquier, principal Surgeon, to give an opinion: 1st. Whether the girl was pregnant, and the period of utero-gestation, and, 2d. Whether she could be violated and made a mother against her will. These physicians ascertained that the girl was pregnant, and that utero-gestation had not advanced further than four or four and a half months, and, supported by the report made to the Academy of Medicine by M. Husson, in 1831, concluded since it is demonstrated that a subject under the influence of magnetic sleep is insensible to all tortures, it seems rational to believe that a young girl may submit to coition without voluntary participation in the act, without being conscious of it, and of course without being able to resist.—*Gazette Médicale de Paris*.

American Medical Times.

SATURDAY, NOVEMBER 24, 1860.

MEDICAL RELIEF IN CITY AND COUNTRY.

IN the last number of the *Times* we had occasion to mention some of the excellences of the system of voluntary Medical Relief by means of public dispensaries in this city. We will now resume this subject for the purpose of making some suggestions for the greater usefulness of such modes of administering medical charity, and for the extension of a similar system of public charity and sanitary protection to the suburban and rural districts wherever the sick poor are not fully provided with proper medical attendance.

For the immediate improvement of our city dispensary system, we would recommend—*First*, That the several dispensary districts of the visiting, or outdoor physicians of the dispensaries, be diminished at least one-third. And as the territory occupied by each dispensary is too extensive, furnishing too large and a constantly increasing number of patients, and also being of so great extent as to require too long journeys from the extremes of the various districts; and as two additional dispensaries are already required in the northern sections of the city; it is highly desirable that either a modification and diminution of some of the present dispensary districts be made in connexion with the organization of the two proposed up-town dispensaries; or that one or two new institutions be organized as branches of the Eastern and the New York Dispensaries. *Secondly*, We would recommend that each attending physician at our dispensaries should have a junior assistant, or assistants, by whose aid he should invariably insure *punctual and constant attendance*, and the prompt dispatch of business at the appointed hours. This is desirable both for patient and physician, for many of the medical gentlemen whom the Managers would desire longer to retain, are compelled to retire from dispensary service, or to be somewhat irregular or hurried in their attendance to dispensary duties. But in regard to a permanent and radical improvement of our city dispensary system with reference to its becoming an agency for effectual sanitary supervision and inspection, there should be a modification that cannot be effected without the aid of the municipal or State Government. The Dispensary Physicians should constitute a leading department of the Sanitary Police of the city, and they should be endowed with the civil authority and official responsibility requisite for the highest efficiency of such public service. We are happy to know that these views are shared largely by the Managers and Physicians of our Dispensaries, and by the Association for Improving the Condition of the Poor.

Our next proposition for increasing the public utility of our dispensary system relates to the treatment of venereal diseases. Hitherto the dispensaries have been unable to adopt a plan satisfactory to themselves on this subject, and no system has yet been adopted that can properly meet the exigencies of the vicious poor, and secure the protection of the public and physical interests which are involved in the questions here at issue. We are happy to know that these

questions have for some time past been under discussion by the Board of Trustees of the old City Dispensary, and that with but a single dissenting vote that intelligent and excellent Board have decided that no poor patient shall be excluded from the benefits of that institution, whatever the malady. Though the debates and the differences upon this question were protracted and earnest, all doubts as to the propriety, necessity, and duty of the dispensary to treat venereal diseases finally yielded, as the physicians pointed to the innocent wives of vicious husbands, the scathed and helpless infants of such parents, the frail and brutal denizens of the low tenement houses, and the children that, while yet scarcely in their teens, are brought to that institution for the cure of chancres, gonorrhœa, and the horrible invasions of constitutional syphilis.

It is true that the venerable President of that Board of Trustees could not conscientiously assent to the new proposition (and in this he represents a much respected class of moralists who are not deficient in philanthropy), but did he know that the servants in his own or his neighbor's mansion are, not unfrequently, the victims of syphilitic disease, and that the same bone-rotting pest is always liable to be communicated to the innocent infants and other members of such homes of unsuspecting purity, that conscientious and noble purpose to do *right* and not to set a premium on vice, would surely and earnestly be arrayed in favor of the action taken by the Trustees of this dispensary.

The other dispensaries in this city have not taken any decided action upon this subject, except to exclude venereal diseases as far as practicable. A morbid and erroneous moral sentiment among the benevolent has prevented the necessary agitation and proper settlement of the question. But there is an increasing interest in relation to it, and the time has arrived when by some civil authority, or by some mode of administering medical charity, the ignorant and the vicious poor must be differently provided for in this great city, or else untold and irremediable evils from this scourge of the *passion dominant* will fix their blighting stains upon constantly increasing numbers in all ranks of society.

As our several dispensaries have for years past endeavored to act in perfect unison, and as they now have a joint committee made up of the respective Boards of Managers, and known as the Committee of Conference, it seems desirable that this Committee should, without unnecessary delay, take up the consideration of this subject as decided by the old dispensary, and, if possible, agree to adopt some proper plan for insuring the immediate treatment of the victims of sexual disease. And, if practicable, such a plan should be adopted as will be acceptable to those who would strive to avoid putting a premium upon this vice by making the remedy of its natural penalty too cheap.

Such are some of the considerations that impressed us upon perusing the Circular of the Sanitary Association's Dispensary Committee; and with a few suggestions respecting the organization of Dispensaries out of the city, or a general system of voluntary Medical Relief in villages and rural districts, we will close these remarks.

In the cities of New York, London, and Paris, it is estimated that fully one-half of all the sick under medical treatment, are provided for by means of the dispensary and hos-

pital systems. In London it is found that the average of such annual beneficiaries constitute about one-fifth of the entire population; and in New York about one-sixth. Now although the average ratio of sickness in a village or rural population is usually considerably less than in cities, and the proportion of the *destitute* sick still less, there are, nevertheless, many families and many sick persons in every suburban and rural population, that in consequence of the utter absence of any *organized plan* for providing and insuring proper and skilful medical care of such patients, are suffered not only to become the victims of charlatany, but, too frequently, they become the sources and radii of infectious maladies which are spread throughout the community.

In Great Britain and Ireland, and most European countries it has been found necessary to institute national systems of medical relief; and this has generally been effected in connexion with the administration of the poor-laws of those countries. But the systems for medical relief in villages and the rural districts of Europe are far from being perfect, though they are under the direction and patronage of the civil government. In Belgium, which probably has the best system of general relief for the poor, all the sick poor are entitled to a physician's attendance and to medicine; and in every parish a physician and an apothecary are appointed for service under the direction of the *maitres des pauvres*—the latter an honorary and much respected office, while the former are salaried appointments. The parishes have an average population of about four thousand. The parish physician is elected by the local medical commission, which is itself elected by the resident practitioners. All these appointments are filled by men of acknowledged eminence and excellence, and they have charge of various matters affecting the public health.

After an examination of other systems, and the history of efforts and plans for the administration of medical relief throughout our country, we are of the opinion that in all our suburban and rural districts a system modelled mainly after the Belgian might be advantageously adopted. Until State legislation shall provide a general sanitary code, such a system would need to be purely voluntary; but it would be found that our county and town Medical Societies would furnish the necessary primary organizations from which the authorized appointments should emanate; and we are warranted in believing that the civil authorities of the towns and counties would cordially unite in sustaining and giving efficiency to such a plan, under existing laws.

We venture to throw out these suggestions without any attempt at elaboration, believing that the time has come when such a work should be undertaken by medical men and philanthropic citizens in every hamlet, and in every populous rural district. The practical importance of such a proposition, if it can be successfully carried into effect, would be very great, and the various benefits which would result to the community at large might be as certain and as great under a voluntary as under State organization.

THE ACADEMY OF MEDICINE.

In the pursuit of scientific knowledge, and particularly in the cultivation and improvement of an art that requires extended acquaintance and varied applications of such knowledge, voluntary association for purposes of discussion and suggestion is an acknowledged and essential means of

scientific progress and professional improvement. In no other profession is this so manifest as in ours; for medicine is pre-eminently a science of observation, experience, and universal knowledge. The busiest practitioners, with their varied experience, the most scientific observers, and the ablest philosophers of our profession, have mutual and equal interests to promote by means of friendly association. They may and they should mutually help each other in their pursuit of practical and scientific knowledge.

The *Academie de Medicine* of Paris, the Royal Medico-Chirurgical Society of London, and the New York Academy of Medicine, furnish examples of a noble purpose, thus to serve the common cause of science and humanity; and whatever may have been the measure of success which either of these great associations has achieved, we know the objects of their projectors and friends have been worthy the character and spirit of the science and the art we cultivate. Mark the declaration of the objects and the aims of the New York Academy of Medicine:—

"The objects of the Academy shall be:—

"*First.* The cultivation of the science of medicine.

"*Second.* The advancement of the character and honor of the profession.

"*Third.* The elevation of the standard of medical education.

"*Fourth.* The promotion of the public health."

These are the objects, and they are the only objects of our Academy; and not in this city only, but throughout our country the question may justly be asked, by every cultivator of medical science, and by every friend of the profession, is the New York Academy of Medicine accomplishing the great objects that are thus set forth in its constitution? That they may and should be accomplished each of its three hundred members would proudly affirm. But is all being accomplished that can and that should be done for fulfilling those objects? Let every member ask himself this question, and see to it, that no other and unworthy purposes enter into his actions, interests, and influence, as a member of that important association.

These reflections are naturally forced upon our mind as we approach another epoch in this second and hopeful era of the Academy's history. Under the new constitution the officers are elected biennially, and by this means as well as by the wise provision made in the new constitution for the transfer of all secular and irrelevant business to the council, the high aim of the membership may be kept clear of objects unworthy the Academy's attention when in scientific session.

Notwithstanding the advantages that have or at least that should have accrued to the Academy in consequence of the institution of the "sections," and under the new constitution of the council—all of which were *designed* to facilitate the attainment of the grand objects of the association—those well designed improvements have not yet relieved the Academy's regular sessions from tedious details of business, and of those yet more tedious and useless colloquial and rhetorical platitudes that are never allowable in a dignified scientific body.

Had not the spirited discussions upon puerperal fever, and the rich scientific contributions of an Isaacs and a Dalton proved that profitable hours may be spent in the stifling atmosphere of the Academy's unventilated hall, we might charitably believe fresh air and a better apartment to be the

only conditions required to insure, not only an abiding and lively interest in the meetings, but also to enable the speakers to deliver their thoughts in such manner as to attract the masses of our brethren to each session. We need not enlarge upon this suggestion. The Council can provide a well ventilated and suitable hall for the meetings; the members should see to it, that the time of the Academy be not needlessly engrossed by business that can properly be committed to the council; and a similar remark may be made respecting the duty of the several scientific sections of the Academy: they should faithfully prepare their stated reports and suggest the most suitable questions for discussion before the Academy on subjects under their special advice and direction. Though it is a popular and voluntary association, the Academy should, in its proceedings, not only adhere to the strictest parliamentary rules of order in debate, but should be characterized by an earnest and harmonious pursuit of scientific and practical truths in medicine.

The County Medical Society was specially organized to look after the ethical and more external relations of the profession in this city. The laws of the State not only authorize, but require this; and these are duties which that society cannot innocently neglect. But the Academy was created for purposes more exalted and attractive. It is at least, or should be, a *strictly scientific association*, and for the sake of improvement in medical science, as well as for the honor of our profession, the Academy should never descend to the arena of petty and personal strifes.

We have alluded to the County Medical Society as the legally constituted tribunal for adjudicating questions in ethics; and if we must have medical politics and controversy in the profession, we say let that society be the chosen seat of war: but the Academy should be regarded as sacredly consecrated to SCIENCE. The general plan of the Academy is happily adapted for the successful working of a purely scientific association, and we believe that there are not less than two hundred of its members who would rejoice in the privilege of attending all its semi-monthly sessions, and taking part in its labors, if its meetings were devoted strictly to scientific discussions and reports. And now, as the Academy is about to define its position and fix its character for another biennial term, why should not its officers be selected and its programme laid down with direct reference to the exaltation and promotion of medicine and hygiene as a science?

THE WEEK.

IF a physician should regularly publish his cases in the secular papers, we doubt if there is a medical man who would not conclude that such physician was not only a charlatan at heart, but also in practice. We doubt, also, if there is a society, even among the most irregular practitioners, which would not summarily eject such a member from its fellowship. But, is the act any the less offensive when a society of medical men detail their cases to a reporter for the public press, and permit the report to be published under the sanction of the society? We think not, and, on the contrary, can but regard the act as still more disreputable. Two medical societies of this city have assumed a position which will be considered by every honorable mind as on a level with that of the advertising quack. We refer to the New York Academy of Medicine

and the Medico-Chirurgical College; the organ of the former society being the *Daily Times*, and of the latter the *World*. The Academy of Medicine occasionally protests, and has even ejected from its meetings the acknowledged reporters; but still garbled reports of its proceedings regularly appear in the public prints. It matters not whether the proceedings are furnished to the public press by a reporter, or by some lack-brain seeking personal notoriety; the violation of well established ethical rules is equally palpable in either case. Following the example of this body, which gives its code of morals to all inferior societies, we now have the Medico-Chirurgical College publishing its proceedings in the *World*; and we may yet have to look for the proceedings of the Pathological Society in the columns of the *Herald*. Now, it is high time this species of empiricism was rebuked and discarded by the profession. The Academy of Medicine, the parent society, should not only refuse the admission of reporters to its meetings, but should also ordain that any member who furnishes a report of its proceedings to the public papers is unworthy longer to retain his membership. If that society seriously desires to put an end to this semi-monthly advertisement of certain of its members, it can very readily accomplish its purpose. The Medico-Chirurgical College is a flourishing society, and its proceedings are full of scientific interest; but we can assure its members that no man of good sense reads their remarkable cures, paraded in the columns of a daily paper, with any more confidence than he does those in an adjoining column by Mrs. Winslow. They are thereby placed upon the same level, and are to be classed in the same category of advertisements. We hope that society also will prevent similar publications in future.

At the recent meeting of the *Scott Co. Medical Society*, at Davenport, Iowa, Dr. PARRY offered resolutions declaring stramonium weed a nuisance, and requesting the city council to take measures for its extirpation. Cases of poisoning by stramonium seeds are sufficiently frequent in this city and Brooklyn, to render that plant a nuisance, and make its removal a matter of public necessity.

FUMIGATION, like most other methods of topical medication, though of very ancient origin, has long been generally laid aside in consequence of the difficulties and uncertainties that have attended its use, except, perhaps, in the employment of mercurial or aqueous vapors in the treatment of croup. The profession is indebted to Prof. Mathews for the device and perfection of a very ingenious and neat apparatus for the vaporization and inhalation of volatilizable medicines. In another column this apparatus is fully described, and some suggestions are made respecting its probable utility. The fact that the gentleman who has devised the apparatus has furnished something that is far superior to any form of medicated cigarette, and, although a layman, has had the good sense to offer it to the medical profession for such uses as can legitimately be made of it, instead of selling it for the purposes of quackery, should recommend it to notice and a fair trial of its merits. The observations of Sir James Johnson on the therapeutic use of narcotic inhalations, and of Dr. Nevins and others on mercurial and other medicated fumigations in various affections, seem to warrant the opinion that more attention should be given to such modes of medication in some of the more obstinate and acute diseases of the air passages.

Reviews.

CHEMISTRY IN ITS RELATIONS TO PHYSIOLOGY AND MEDICINE. By GEORGE E. DAY, M.A. CANT., M.D., F.R.S., Professor of Medicine in the University of St. Andrews. With Plates and Illustrations. London, Hippolyte Baillière; New York, Baillière Brothers. 1860. 8vo. pp. 527.

A DISTINGUISHED iatro-chemist, who has both originated and solved as many questions as any student of zoo-chemistry, justly remarks, that "we have just attained a position in physiological chemistry where we can ask important questions, whose answers, even in part, the near future does not yet promise." (*Lehmann's Manual, American Edition*, p. 7.) The statement and discussion of such questions in anticipation of the specific elementary knowledge that would be required for their answers has contributed both to fascinate the student and to produce unwarranted scepticism and hesitancy in some practical minds. But chemistry, and particularly animal chemistry, is the most progressive, and consequently, the most unsettled of the natural sciences. And yet the applications and uses of such knowledge, incomplete as it is in many respects, are so infinitely varied and valuable that we justly point to this rapidly developing department of science as a happy illustration of the progress and practical utility of the experimental and medical sciences of our day.

That the voluminous and excellent works of Lehmann, Franz Simon, and Robin and Verdeil, have neither exhausted the resources of iatric-chemistry, nor rendered unnecessary another treatise thereon, is sufficiently manifest in the advent and character of the admirable volume which Dr. Day and the Messrs. Baillière have just presented to the medical profession. It will be recollected that the same publishers brought out the rich work of Robin and Verdeil, and that Dr. Day has been the translator and editor of the works of Lehmann, F. Simon, and other German authorities that have been given to English readers. No living authority in chemical science and physiological science could more fully estimate and provide for the precise wants of medicine in this department, than St. Andrew's distinguished teacher. He has produced a treatise of unequalled merit, and to us it appears to be exactly adapted to the present wants of medical practitioners and the most advanced students in physiological chemistry. Taking the *Handbuch*, *Lehrbuch*, and *Zoochemie* of Lehmann, as outline guides, Dr. Day has, with admirable success, brought forward and utilized the various and rich fruits of the more recent labors of Bidder and Schmidt, Bischoff and Voit, Scherer, Bernard, and Frerich, together with such American and English chemico-physiologists as have contributed new facts in this department of knowledge. Probably there is no other physiological chemist who could have performed this labor so effectually; and, as the Professor of Medicine in an English University, Dr. Day both represents and properly estimates the practical demands of the medical public for such a treatise as his unequalled facilities have enabled him to produce. Equally familiar with all the details of chemical and of physiological and medical science, he has manifestly endeavored to present the principles of zoo-chemistry from a *physiological*

point of view, entering, as he says in his introduction, "much more fully into the physiological than into the chemical relations."

The subject matter of the volume is considered under the great heads or departments into which it is so naturally divided, in the structure and phenomena of the animal organism, viz.:—

1. The organic substrata of the animal body.
2. The chemistry of the animal juices and tissues.
3. The great zoo-chemical processes.

Under the first division, the proximate principles of the organism are treated concisely and with great clearness. The several sections of the subject are complete, and there is no unnecessary detail of unsettled questions; but the great practical facts are forcibly and clearly presented. The following remarks conclude the section on the lactic acid group:—

"The lactic acid, which is thus widely diffused throughout the animal fluids, may be referred to a treble origin. No one can doubt that the acid found in the contents of the intestines, and in the chyle after the digestion of vegetables, owes its formation to the amylaceous or saccharine matters contained in the food undergoing a change similar to that which takes place in the fermentation of milk; moreover, the sugar which is formed in the liver, both in carnivorous and herbivorous animals, is similarly converted in the blood into lactic acid; while the acid which is found in such large quantity in the muscles cannot be referred to these sources, but must be considered as a product of the metamorphosis of the muscular fibre—a view confirmed by the fact that the amount of free acid is proportional to the extent to which the muscles had been previously exercised.

"The physiological value of lactic acid is by no means inconsiderable; for, in the first place, in association with free hydrochloric acid, it essentially contributes to the digestive power of the gastric juice, no other mineral or organic acid possessing the property of being able to replace these; secondly, the free lactic acid in the intestinal canal assists materially in promoting an absorption or transudation of the digested food into the alkaline blood or lymph, in accordance with the known laws of endosmosis; thirdly, the alkaline lactates are excellent supporters of animal heat, in consequence of the rapid combustion which they undergo in the blood; and, lastly, it is probable (as Liebig supposes) that an electric tension, influencing the function of the muscles, is established by the acid muscular juice and the alkaline contents of the capillaries."

Again, in illustration of the author's style of treating the practically important questions relating to the nature and history of the proximate elements, we will quote one of his closing remarks respecting urea:—

"It is well known that the origin of urea is still a *questio vexata* amongst chemists and physiologists. . . .

"It admits of no doubt that urea is formed from the nitrogenous constituents of the organism, its artificial production from such substances affording the strongest evidence on that point; in addition to which we may add the facts observed by Lassaigne, Scherer, and others, of urea being contained in the urine excreted after nearly three weeks' starvation. As the metamorphosis of tissue occurs with the greatest activity in the muscular system, and as, further, increased bodily exercise augments the amount of urea, we are justified in regarding the urea as formed for the most part from the worn-out muscular fibres, although it is most probable that other vital tissues may contribute to the general amount. Whether it is formed in the organic particles at the moment of their disintegration, or whether it is first formed in the blood, is a point which cannot be considered as decisively established."

This style of writing on Animal Chemistry is just what

the medical reader desires. It is lucid and concise, and needless questions are not involved in the author's statements. This is particularly true in his chapters on the Digestive Fluids, the Blood, and the Secretions; and care has been taken to ascertain and state "the quantities in which the various glandular products are secreted, a point to which little attention had been paid until the last few years; although the importance of such numerical data, in reference to the general metamorphosis of the tissues, now seems too obvious to require comment."

The chapters on the Digestive Fluids, Digestion, and Nutrition, will be studied with peculiar interest and profit by every reader. The author has clearly stated the facts which constitute the basis for the more advanced conclusions to which the discoveries in vital chemistry now lead us, and he carefully lays down the laws that the latest and the best proven discoveries seem to establish.

(To be continued.)

Progress of Medical Science.

OPHTHALMOLOGY.

BY HENRY D. NOYES, M.D.

(Continued from page 337.)

Contributions to the Knowledge of Defects of Refraction and of Accommodation of the Eye. (Beiträge zur Kenntniss der Refraktions- und Accommodations-Anomalien.) By F. C. DONDERS. *Archiv für Ophthalmologie*, Bd. ii. s. 210-243.—The next subject in order is the influence of age upon accommodation and refraction. The alterations in the eye due to advancing life are, some of them, patent to ordinary inspection. These are, diminished lustre of the cornea and conjunctiva; the pupil becomes smaller, the sclerotic and iris more opaque, the anterior chamber is shallower—the arcus senilis forms. By anatomical dissection other changes are discovered: adhesions of the hyaloid membrane with the retina, and in consequence secondary alterations of the latter; calcareous plates in the posterior portion of the sclerotic; changes of the choroid; atrophy of the m. Brückiani (tensor choroideæ); increased density and yellowish tinge of the lens; impaired clearness of the vitreous humor. Loss of transparency of the media is signally shown by the difference to the ophthalmoscope between the beautifully clear and bright fundus oculi of a child and its dimmer illumination in old age. Among these changes we now have to do only with those pertaining to the accommodation and refraction.

In the first place, those of the accommodation. These appear a long time before any change takes place in refraction. The remotest point of vision is for a long time unaltered, but the nearest point at an early period begins to be farther removed from the eye. In this way accommodation becomes abridged. The removal of the near point is a fact long known, but it is an error to say that it does not begin until the 40th year. At this age it is so far away as to cause confusion of vision; but the near point began its retreat in youth, and before puberty.

This change affects myopic, hypermetropic, and emmetropic eyes. The question arises, why does the near point begin to retire so early, at a time of life when muscular force is at its fullest vigor—(adjustment of the eye being affected by the action of muscular fibres)? The m. Brückianus is still in full activity. The explanation is to be found, as I believe, in the increased density of the crystalline lens. This appears to me to begin even in youth, and therefore the lens will not so readily change its form under the compression of the tensor choroideæ.

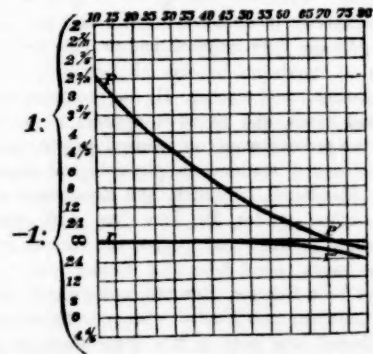
The power of Refraction begins to fail after the adjusting power has very decidedly lost ground. By this additional defect the remotest point of vision is made to retire from the eye. Consequently the focus of the rays is carried to a point behind the retina. The diminution of Refraction does not occur until advanced age, viz. in a healthy eye, not until the 55th or 60th year. A convex glass is then needed for even distant vision. There are, however, great differences among persons, in this respect.

What is the cause of the diminution of refraction? Flattening of the cornea and shortening of the antero-posterior axis of the globe have been assigned as causes. To me it seems most probable that the cause is found only in the crystalline lens. Advancing age affects the lens in two ways, viz. in change of position and in change of structure. The lens and the iris are together pushed forwards. This causes the apparent flattening of the cornea and the real shallowness of the anterior chamber. But this change would produce an optical result exactly the opposite of the known fact: the focus, instead of receding, would be advanced. The retrogression of the focus is really caused by the change of structure of the lens, and this is able to more than neutralize the optical influence of its movement forwards. The change of structure consists in the condensation of the exterior laminae, and the flattening of the convex surfaces. Thomas Young, Senff, Listing, and others, have shown that the laminated structure of the lens and the less refractive power of its outer layers in early life, give it a shorter focal distance than a lens would have, which should be of uniform density, even though its entire substance had the high exponent of refraction of the nucleus. When, therefore, the exterior layers, by old age, become condensed with the nucleus, and the lens is consequently harder and more homogeneous, its focal distance is actually lengthened.

The flattening of the curvatures will manifestly also increase its focal distance.

In the vitreous humor a diminution of refraction is also caused by the flattening of the lens. Since the concave surface of the hyaloid fossa disperses the rays which the lens has made convergent, a less degree of concavity of this surface will abate the amount of dispersion—permit the resultant focus to fall upon a point further behind.

The following diagram presents the positions of the near point and the far point, at different ages, in the normal eye:—



The figures upon the left side are the distances to which the eye can be adjusted (in Paris inches); the figures below ∞ (infinity) have a negative value, they give the distances behind the retina, at which converging rays come to a focus: pp' is the course of the near point, rr' that of the far point; the figures on the upper side give the ages. Upon the lines pp' and rr' may be read off the near point and far point for each age, and the distance between these lines gives the range of accommodation. The distance between each horizontal line represents $\frac{1}{2}$ of accommoda-

Between 40 and 45 years the near point is at about eight inches distance (see diagram)—then many persons will desire a glass, at least to use in reading by night. Many will see sharply when the near point is at ten or twelve inches distance. Since there are great differences among individuals in this respect, I take the smallest distance as the incipient point of presbyopia. I fix it at eight inches. I do this to erect a standard of comparison. For instance, a person presents himself to be fitted with glasses. His near point is at sixteen inches. His presbyopia will be $\frac{1}{8} - \frac{1}{16} = \frac{1}{16}$; if the near point be at twenty-four inches, his presbyopia will be $\frac{1}{8} - \frac{1}{24} = \frac{1}{12}$. In these two cases the glasses required will be $\frac{1}{16}$ and $\frac{1}{12}$; they will so far neutralize the presbyopia as to bring the near point to eight inches. Very often, indeed generally, weaker glasses than these may be prescribed, because the convergence of the visual axes which these glasses produce will bring the near point closer than eight inches. I said above that many persons at 45 years—see clearly even to ten and twelve inches, instead of requiring the object to be at eight inches; they will prefer weaker glasses. The following may be taken as the governing principles for the choice of suitable glasses:—the duller the visual perception, the closer must the near point be brought to the eye; at 70 years of age the near point must always be within six or seven inches. The larger the range of accommodation, the closer must the near point be brought. This applies mostly to young persons with hypermetropia; in their case the middle point of accommodation, which is the distance to which the glasses are preferably adapted, lies too far from the near point. Lastly, I may add that the glass which will be generally found sufficient, is the weakest one which will enable the patient to read No. 1 of Jaeger's text print (diamond) at one foot distance: providing no hypermetropia be present.

Hitherto we have considered only the presbyopia of the normal eye. Both the hypermetropic and the myopic may acquire presbyopia. The first has done so whenever the near point lies further than eight inches, in spite of glasses which neutralize the hypermetropia. This takes place earlier in the emmetropic eye, because the accommodation begins to narrow sooner. Such persons require two kinds of glasses: for distant vision those which simply neutralize the hypermetropia; for near vision, reading, writing, etc., they need stronger glasses, whose additional power equals the degree of presbyopia, and which will bring the near point to eight or ten inches.

Myopic persons may also acquire presbyopia. The degree of Myopia, capable of Presbyopia, must of course not be greater than $-\frac{1}{2}$. To these persons Presbyopia becomes an advantage, a compensation in age for the disadvantages of earlier life. It happens constantly that persons of 55 or 60 years will read print at eight or ten inches, without any assistance of glasses.

If you tax them with having been formerly myopic, they smile a complacent denial. Then test them with Jaeger's print No. 19 (six line pica), at twenty feet distance. They cannot read it, and unwillingly plead guilty to the indictment. This test may be assumed as a standard; all normal eyes are equal to this effort. If myopic persons need a convex glass, it must of course be a weak one. An eye having a strong degree of myopia can never become presbyopic. Its accommodation will become curtailed by age, but the near point will not recede further than eight inches. Here this arbitrary term, presbyopia, displays its unfitnes. For the senile changes of the strongly myopic eye are the same as of the emmetropic, but the term presbyopic cannot be applied. But "verba valent usu"—the "usage which gives value to words" has weighed more with me than logic or etymology. While the word is retained, its significance should be carefully defined. All that pertains to hypermetropia and to paralysis of accommodation must be shorn from it. The word should be left to indicate only the abridgment of accommodation which old age produces. Thus stripped of superfluities, and rigor-

ously kept within its own boundaries, the relations of Presbyopia to Myopia and Hypermetropia will be readily understood.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, SEPTEMBER 26TH, 1860.

DR. E. KRACKOWITZ, M.D., President in the Chair.

APOPLEXY IN A LAD 17 YEARS OF AGE.

DR. ALONZO CLARK exhibited in behalf of Dr. Beach a brain which was the seat of apoplexy. The deceased, an apprentice boy, 17 years of age, came to his work as usual, 6 o'clock yesterday morning. His employer soon after observed that he had no disposition to work, and on asking him the reason, he stated that he felt dull. The lad was advised to go into the yard and take the air, which failing to make him feel any better, he went to bed. About fifteen minutes after this he was discovered by his employer to be seemingly asleep, and he continued in this state until about 12 o'clock, when he was found dead.

Autopsy.—On making a section of the left hemisphere, a clot was discovered within an inch of the posterior extremity of the cerebrum, extending an inch and a half downward, forward and outward, opening into the lateral ventricle.

The chief interest of the case I suppose is to be found in the fact of the accident occurring in a young man 17 years of age, and its presenting itself in this particular manner. He felt sleepy and dull for perhaps half an hour before he became insensible, and in that time it is probable that this effusion was going on from a small vessel somewhere; that the blood gradually accumulated so as to burst into the ventricle, which then filled up more readily in consequence of the less amount of resistance made to its escape during sleep. I think Dr. Beach told me at the time of making the examination, blood was found at the base and on the exterior of the organ. That being the case, it must have escaped in the direction of the vessels that entered into the ventricle. The existence of blood upon the surface, whether upon the convexity or base, and not on the central portion, would be pretty good evidences of a blow having been inflicted. It was reported that no disease of the heart existed.

FATTY DEGENERATION OF THE HEART AND PANCREAS.

DR. FINNELL presented two specimens, a pancreas with stomach attached, and heart, in behalf of Dr. Guernsey, who requested him to make the autopsy. The deceased was 52 years of age, large and fat, with a good muscular development. About ten or twelve days before death he was seen by Drs. Jos. M. Smith and Detmold.

Autopsy.—On making an incision through the abdominal wall, the intestines were found very much distended with gas, and on raising the stomach from its position, a small amount of pus was noticed to flow from the region of the head of the pancreas. The organ was removed, with the stomach attached; it was firm to the feel, very much surrounded with fat; was about three times its natural size, and was found to have undergone fatty degeneration throughout the whole of its extent. The heart was also removed. The organ was hypertrophied, weighing sixteen ounces, and the left cavities were both dilated, presenting the well marked appearance of fatty degeneration. There was a slight amount of atheromatous deposit in the aorta, but no organic disease of the valves existed. On making an incision through the substance of the organ at its apex, the fatty degeneration extended fully a quarter of an inch

into the substance of the muscular tissue. The lungs were in a healthy condition, and free from tubercles and all inflammatory adhesions. About eight ounces of serum were found in each pleura. There was no other lesion present worthy of notice.

Dr. DETMOLD made the following additional statements in relation to the case:—The patient was seen by Dr. Jos. M. Smith and myself about ten or twelve days before death. We found a man lying perfectly horizontal upon the bed, bloated in appearance, and with somewhat difficult respiration. The pulse was exceedingly feeble, being for the most part filiform in character, and only every now and then there would be two or three distinct beats. The trouble about the respiration seemed to be the prominent one. The disease of the pancreas was not at all manifest; it is true he complained of some pain in that region, but could not tell whether it was internal or in consequence of a blister which had been previously applied there. There were no constitutional symptoms that pointed to any difficulty in that quarter. Some vomiting was present, which however, ceased on the judicious administration of stimulants. There was no sign of any trouble about the lungs, but the impulse of the heart was so exceedingly feeble that it could not be felt with the hand. When he went to sleep for any length of time he would wake up with more oppression than before; this symptom was also aggravated whenever he attempted to raise himself from the horizontal position. There was venous congestion over the whole surface of the body, which increased as death approached, when the pulse became entirely filiform in character. The man had been a very free liver and drinker, and during all the time that I saw him he had to be kept up with large quantities of stimulus, which treatment, however, would make not the slightest impression upon the pulse. There was no *arcus senilis* present. The diagnosis made by Dr. Smith and myself, was fatty degeneration of the heart without valvular disease. This conclusion was arrived at from negative symptoms. There was evidently an impediment in the circulation, as was clearly indicated by the condition of the pulse and the horizontal position of the body; and besides the condition of the body generally showed a tendency to the accumulation of fat. No abnormal sound of the heart could be detected.

Dr. CLARK remarked that in the case narrated there seemed to be a difficulty in applying the plan of exclusion, inasmuch as at the particular period when the patient was seen by Dr. Detmold, the heart had lost any power to contract upon the column of blood with sufficient force to produce a murmur. Valvular disease under those circumstances is much more likely to manifest itself by irregularity than by the presence of any special murmur. At the same time, if I should see a case in which there was evidently severe cardiac symptoms, the patient not being disposed to have the head rest high; the heart not materially enlarged and no murmur present; if these symptoms existed, together with a marked irregularity in the pulse, I should feel authorized to make out a case of fatty degeneration. I should, however, require all these symptoms to be present before coming to such a conclusion.

EXTENSIVE HYPERTROPHY OF HEART.

Dr. GARRISH presented an hypertrophied heart removed from the body of a man, 30 years of age, who was a ship-builder by occupation. The patient had always considered himself in the enjoyment of good health up to December last. At that time, by all accounts, he suffered from an attack of bronchitis, which lasted something like two or three months, when he noticed for the first time marked difficulty in breathing. Last May he married, after which his symptoms of dyspnoea became aggravated; and a cough of quite a severe character made its appearance, attended with the occasional expectoration of slight bloody mucus. He was then obliged to leave off work, not having missed a day before. Two or three different physicians who saw him at that time came to the sage conclu-

sion that the liver was affected, and accordingly put him on a course of treatment in which blisters, mercury, and tartarized antimony were freely used. The effect, though not the one desired, was very decided upon the patient. Dr. G. saw him about ten days before death, when the dyspnoea was so extreme that he was unable to lie down, and it was with great difficulty that any history could be obtained from him. The stomach, in consequence of the remedies previously alluded to, was excessively irritable. On examination of the heart, a most violent impulse was discernible, extending over the whole front of the thorax, more particularly marked under each clavicle. A bellows' murmur was heard with the first sound of the heart, with most distinctness at the apex of the organ. Respiratory murmur throughout the whole of the lungs was very distinct, notwithstanding these organs were very much crowded to each side by the accumulation of serum in the two cavities of the pleura. On removing the heart and pericardium, the whole was found to weigh four pounds and six ounces. The aortic valves were extensively diseased, which was also the case with the mitral valves.

Dr. CLARK stated that the case was interesting, as showing how long a heart of that size could be carried without giving rise to serious disturbances in respiration. He also remarked that in cases of this sort the disease very frequently first shows itself in early childhood, and as the patient grows up the action of the organ so adapts itself to the particular case as to give the patient but little inconvenience. In answer to a question from Dr. Garrish, Dr. C. stated that simple dilatation of the heart was a very rare disease, he had only seen three cases. In all these there was a distinct wavy pulsation over the region of the heart; the region of dulness was large and the sounds were very indistinct.

The Society then adjourned.

STATED MEETING, OCT. 10, 1860.

E. KRACKOWIZER, M.D., in the Chair.

ACUTE MENINGITIS—DEATH.

Dr. ALONZO CLARK exhibited a specimen of acute meningitis, with the following history, for which he was indebted to Dr. P. C. Barker, house-physician to Bellevue Hospital.

William Norris, æt. 35, married, native of Ireland, a tinsmith by occupation, was admitted to Bellevue Hospital, Oct. 9, 1860, at 10 30 A.M. Two weeks previously to his admission, he was seized with vomiting, which continued persistently for several days, with no other symptom save constipation. The matter ejected presented nothing unusual in appearance. The vomiting having ceased, he returned to his employment, but was unable to perform his usual duties. On Wednesday, Oct. 3, he began to complain of a headache, which became more and more severe. On Thursday, a discharge began from the right ear, small in quantity and very fetid. Friday morning, at 9 o'clock, his wife heard a strange noise coming from the room in which he lay, and on going in found him in a fit and frothing at the mouth. He remained unconscious till 5 P.M., when he aroused sufficiently to answer questions. His bowels moved involuntarily several times during the day. The discharge from the ear ceased on Saturday. Of his condition from this time (Saturday) till Monday morning, she was unable to state, as he made no complaints. Monday morning, he lost all power of speech, and was unable to communicate his wants in any manner; and before noon, became completely unconscious, remaining thus till his admission to the hospital. On admission, completely comatose. Respiration 50, stertorous; pulse 148, weak; tongue nearly natural in appearance. Both pupils dilated, but while the left contracted somewhat under the stimulus of light, the right hardly moved. The extremities were cold, with some rigidity; urine passed involuntarily. Heat (by means of bottles of hot water and hot cloths) applied to the extremities, and carbonate of ammonia administered internally; the surface

became warm, and the pulse improved in force while the frequency was but little reduced. In this condition he remained till 4 30 P. M., when he died.

Autopsy, seventeen hours after death.—Rigor mortis well marked; body still warm; well nourished. On removing the calvarium, the dura-mater was found adherent to it in several places. On the anterior portion of the cerebrum, and underlying the arachnoid, there was an effusion in distinct patches of fibrine, and also of pus, the latter showing the characteristic leek-green appearance. No abnormal appearance of the petrous or mastoid portions of the temporal bone.

Dr. J. MARION SIMS remarked, that Dr. Clark's case brought to his recollection an epidemic of cerebro-spinal meningitis which occurred in Montgomery County, Alabama, during the year 1858, and which was remarkably fatal. It began some time in February, and like most violent epidemics, almost all of the first cases were fatal; very few recovered until the epidemic had continued some weeks, when the greater majority escaped. A very truthful description of the ravages of this disease was given by Dr. Aimes in some one of the American journals for February, 1849. Dr. Aimes gave the results of thirty or forty post-mortem examinations of the disease, and in every instance fibrinous exudation, greatest in extent at the base of the brain, was found to exist. I don't know, remarked he, whether pus was found in all these cases. Death took place rapidly, sometimes within twenty-four hours, and those who lived a week got well. There was a peculiar symptom which was quite characteristic of that epidemic, viz. the drawing backward of the head and consequent throwing upward of the chin, separating it widely from the sternum.

Dr. CLARK remarked, that cerebro-spinal meningitis prevailed as an epidemic in the state of New York, six or seven times within his knowledge. As usual, it spread over one or two townships. I have not known it to extend in schools as it is reported to have done in Europe. The greatest fatality had been, here as there, in children. With reference to its pathological condition, he believed that very generally, the effusion was in the spinal cord and at the base of the brain, rising a little upon the convexity but not usually covering the upper part. The disease was not always epidemic in character.

Correspondence.

TREATMENT OF THE PLACENTA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—In reply to a question from L. B., in No. XVII. of the AMER. MEDICAL TIMES, regarding the "general practice in treating the placenta," I can warmly recommend the following: A few minutes after the second stage of labor is completed, gently seize the fundus of the uterus in the left hand, and the funis in the right. In grasping the fundus uteri, the ulnar edge of the left hand must be pressed well backwards towards the spinal column, otherwise it will be difficult to obtain a firm hold through the lax abdominal parietes. Now, having proceeded thus far, simultaneously exercise gentle pressure downwards and backwards on the fundus uteri, with the left hand, and traction on the funis, in the same direction, with the right. Gradually increase your pressure and traction, till the placenta slips away, or till as great a degree of force is attained as the prudence of the physician may deem justifiable, or consistent with safety. In the majority of instances, as the pressure gradually increases, the volume of the uterus will slowly and perceptibly dissolve, till the placenta is expelled, and the "small, hard ball," so characteristic of a well contracted uterus, will remain in the left hand. It is of the utmost practical importance to bear in mind the brief directions I have given for the application of the left hand; for, if its

ulnar edge is not well pressed back towards the spinal column, a firm and reliable grasp cannot be obtained, and a total failure of the attempt will be the probable result. Again, if the operation be clumsily executed, a mass of distended intestines may intervene between the fundus and the hand, and be thus subjected to a "lemon-squeezing" operation, which may have the unpleasant effect of curtailing the physician's attendance, to say nothing of the patient's existence. This may be avoided by keeping the ulnar edge and palm of the hand in close proximity to the fundus uteri while sinking it backwards towards the spinal column.

Now, the results of a well conducted effort to "press off" the placenta may be various. 1st, and most frequently, The placental mass will be expelled both from uterus and vagina, without much difficulty. 2d, The uterus may be felt gradually diminishing under the pressure of the left hand, till it is fully contracted, and yet the placenta may still be retained; but the anatomical position of the retained mass in this case is favorably altered; for, on introducing the finger along the cord, it will be found lying loose in the vagina, from whence it can easily be extracted by drawing it downwards and forwards with the thumb and two fingers of the right hand. 3d, Notwithstanding the application of firm and well sustained traction and compression, the uterus may not yield, but determinedly retain its original dimensions. Now, in such a case, when we attempt to analyse the difficulty, one of three conditions will, in the great majority of cases, be ascertained to exist. *a.* A *longue* of placenta may be felt projecting from the os, and lying in the vagina, while the *body* is retained within the cavity of the uterus, from spasmodic contraction of the cervix. *b.* The whole placenta may be encased within the cavity of the uterus, solely on account of this irregular or spasmodic contraction. *c.* There may be no spasmodic contraction, the os and cervix being quite dilatable; nevertheless, the placenta will resist every effort to expel it. In such a case the retention will depend on morbid adhesion, and extraction is, unfortunately, the only remedy. Conditions *b* and *c* may co-exist (spasmodic contraction and morbid adhesion), which will considerably complicate the case, and increase the difficulty.

Now, as the two former cases (*a* and *b*) are but modifications of each other, the same treatment is applicable to each. The spasmodic action of the uterus must be overcome by a very gradual and gentle introduction of the hand, till its widest part is embraced by the contracted portion, when, by expanding the fingers into the form of an arch, with the concavity towards the sacrum, the placenta may be drawn out between the palm of the hand and the posterior lip of the uterus, by exerting traction on the funis with the left hand, and assisting the expulsion of the mass by a series of flexion movements with the fingers of the right. If this will not succeed, the retention must be dependent on (*c*) *morbid adhesion*. The hand must be passed on into the cavity of the uterus, and the adherent placenta peeled from the surface to which it is attached. Never allow the placenta to remain more than a quarter of an hour after the birth of the child, without attempting its removal. If the retention is the result of *inertia*, compression and traction will produce its expulsion. If it depend on spasmodic contraction or morbid adhesion, the hand must be introduced; and the sooner it is done the better; for, if postponed for a lengthened period, the greatest resistance to its introduction will be encountered, and the difficulty and danger will be consequently increased. A partial introduction of the hand is all that is requisite in retention dependent on spasmodic contraction; its complete introduction is generally necessary when morbid adhesion exists. Never introduce the hand into the uterus, if it can possibly be avoided. It is a last and dangerous resource, and should never be had recourse to till gentler means have failed.

JAMES WILSON,

Licentiate of the Royal College of Surgeons in Ireland, etc., etc.
New York, 191 West 26th Street.

DOMESTIC CORRESPONDENCE.

BOSTON.

NOVEMBER 17.

It will not be as difficult a task as you of the metropolis may think to furnish the *MEDICAL TIMES* with an occasional letter upon interesting medical matter current among us. Boston has fairly won the highest place in the scale of literary excellence, and though Philadelphia has claimed to be the "hub" of the medical universe, in our humble opinion, our town will yet assume an enviable rank in the comparison. We are not a jealous-minded people, but we do wish to have a little credit for what we have done. We may fairly challenge New York or Philadelphia to show greater contributions to the medical sciences, and yet those cities are disposed to entirely ignore us. The discovery and demonstration of the good offices of ether ought to redound to the everlasting honor of the profession of our city. But you never seem to regard it as other than an American discovery. In book-making we may not be as prolific as the cities mentioned, but we are willing to submit to the severest comparison the quality of the few wares we bring to market. The writings of WARREN JACKSON, BIGELOW, CHANNING, MORELAND, DURKEE, and others, have a permanent place in the medical literature of our country. But without wearying you with these egotistical reflections, I will notice some recent events which may interest your readers.

The Massachusetts Medical Society held an adjourned meeting on the 7th inst. The Society wisely voted to appropriate the money annually squandered upon a dinner towards the payment of its debt. Would it not be well for other medical societies to be equally thoughtful and prudent? If a society has not a debt to pay, let me suggest that the same sum be appropriated towards obtaining prize essays. The venerable Dr. JACKSON presented an excellent photographic copy of the likeness of Dr. HOLYOKE, the first President of the Society. At a former meeting, the Society was presented with a full length portrait of Dr. JACKSON himself. The Society accepted the valuable legacy of the late HON. JONATHAN PHILLIPS, with which your readers are familiar through the public papers.

Boston is to have a Museum of Comparative Zoology, or rather Harvard University, which will be the same thing in fact. For this magnificent institution we are indebted to the energy and enterprise of PROF. AGASSIZ, its Curator and Director. It is but two years since this enterprise was set on foot, and now, according to PROF. A., we have outrun all the Museums of the European Universities, excepting those placed in large capitals, and among these we would occupy the ninth or tenth place. The resources of the Museum have been enlarged by repeated donations until it now has a fund of \$225,000, in addition to five acres of land from the University. The Museum was inaugurated on the 13th inst., Gov. BANKS presiding, when addresses were made by PRESIDENT FELTON, PROF. AGASSIZ, and Gov. BANKS.

FOREIGN CORRESPONDENCE.

PARIS.

October 15.

In accepting your proposal to communicate matters of scientific interest, occurring in this capital, to the *Medical Times*, I must be excused from entering much into detail, or from writing very connectedly. I may from time to time be able to keep your readers informed of whatever is novel in medical circles, and for the most part, note the principal papers and discussions before the medical societies. But I cannot assume the office of a reporter, or, in fact, of a correspondent, but must be allowed to jot down matters in my own way.

Insane Patient restored by an Operation for Cataract.—At the meeting of the Academy of Medicine, September 2, M. Bouisson of Montpellier reported the case of a blind

insane patient, restored to reason by a successful operation for cataract. The patient was a man aged about fifty years; there was no paralysis, or symptom of acute disease; but on examination a double cataract was discovered. He remained under observation a week, appearing as if demented, and quite indifferent to a proposed operation upon his eyes. The operation of reclinacian was performed upon both eyes at once; no bad symptoms followed. In due time he was allowed to use his sight, when he at once began to manifest a return of consciousness and of reason. In a month and a half he returned to his home quite restored. The operator proceeded to consider the pathological and psychological bearing of the case; he did not doubt that the result of the operation restored the patient's reason, but he was not positive as to the rationale.

The True Nature of Albuminuria is the title of a paper communicated by Dr. Hamon of Fresnay. He regards albuminuria as a disease of the cerebro-spinal and ganglionic system, and not a local affection of the kidney. Christison offered nearly the same view of the disease, as early as 1829, but it was never accepted by Bright. Dr. H.'s first proposition is, that the phenomena of albuminuria depend upon a deranged innervation of the cerebro-spinal system. Bernard proved that by pricking the fourth ventricle at a point higher than that which produces diabetes, the urine will be rendered albuminous. All causes which violently affect the nervous centres, as convulsions, cold, etc., will produce albuminuria. 2. That the ganglionic system is affected is proved by the alteration in the character of the blood, and the various lesions of the secretory organs. 3. The nervous manifestations having their special seat in the nerves of animal and organic life prove the same fact. He proposes to call the disease *albuminurhæic neurosis*.

Spontaneous Generation.—This theory finds an ardent supporter in M. Pouchet. On the 8th of October a letter was laid before the Academy of Sciences from this savant, then at Messina, rehearsing some analyses which he has made of the air in different localities. He has tested the atmosphere of cities, marshes, sea, and mountains; in the first he found a great variety of organic debris; in the second vegetable matter; but far out at sea and on high mountains the air was very pure, and free from foreign materials. But whether he tested the air from the sea or from the top of Etna, he still obtained ciliated infusoria.

Medical News.

ARMY MEDICAL INTELLIGENCE.

BAILEY.—Assistant Surgeon J. C. Bailey has been ordered to proceed to Fort Defiance, and report for field service to Brevet Lieutenant-Colonel E. R. S. Canby, commanding the troops operating against the Navajoes.

SHORB.—Assistant Surgeon J. Campbell Shorb (lately appointed), has been assigned to duty with the detachment of recruits to sail from this port on the 21st instant for San Francisco.

SLOAN.—Leave of absence for four months has been granted Surgeon J. Sloan, Medical Department.

STATIONS OF ARMY MEDICAL OFFICERS IN NEW MEXICO AND ARIZONA.—Surgeon King, Medical Director; Assistant Surgeon Baily, Purveyor, Albuquerque; Assistant Surgeon Haden, Fort Bliss, El Paso; Assistant Surgeon Norris, Fort Craig; Assistant Surgeon Ghiselin, Fort Stanton; Assistant Surgeon Clements, Camp Fauntleroy; Assistant Surgeon Bill, Fort Defiance; Assistant Surgeon Irwin, Fort Buchanan; Assistant Surgeon Covey, Copper Mines; Assistant Surgeon Alden, Fort Garland; Assistant Surgeon Bartholow, Fort Union; Assistant Surgeon Ryland, Fort Breckenridge; Assistant Surgeon, Baily, Jr., attached to the Kioway expedition; Assistant Surgeon McKee, attached

to the Navajoe expedition; Assistant Surgeons Perin and Getty are en route to Texas with the 3d Infantry.

THE Board of Army Surgeons, which assembled in Baltimore on the 20th of September, was composed of Surgeons C. A. Finley, Charles S. Tripler, and N. S. Jarvis with Assistant Surgeon Charles H. Smith, Recorder. Sixteen candidates were authorized to present themselves for examination. Of this number eight failed to appear or withdrew, and eight were examined in full. Of this latter number five were found qualified, and have been appointed Assistant Surgeons in the Army of the United States. The names of the successful gentlemen are as follows, in the order of their relative merit:—Dr. Campbell Short, of Maryland; Dr. A. Francis Mechem, do.; Dr. Clinton Wagner, do.; Dr. David P. Ramseur, of North Carolina; Dr. William F. Cornick, of Virginia.

PERSONAL.

Prof. F. H. HAMILTON performed the operation of ovariectomy on the 17th instant, at the Long Island College Hospital.

Prof. J. B. S. JACKSON delivered the introductory lecture of the Massachusetts Medical College, November 14.

Prof. M. B. WRIGHT delivered the introductory lecture of the Medical College of Ohio, October 22.

Prof. B. S. LAWSON delivered the introductory lecture of the Cincinnati College of Medicine and Surgery.

Dr. W. H. MUSSEY, of Cincinnati, is giving a course of private instruction on Surgery, illustrated from the valuable museum of his father, Prof. R. D. MUSSEY.

Dr. W. CLENDENEN, of Cincinnati, late Demonstrator of Anatomy in the Medical College of Ohio, has just returned from Europe, and will give a demonstrative course on Anatomy.

Dr. E. WILLIAMS, of Cincinnati, gives a Clinic on Ophthalmology during the winter.

Prof. CALEB GREENE, of Homer, New York, has commenced his course on Physiology and Pathology in the Geneva Medical College, New York.

Prof. CHARLES HOOKER, of New Haven, Connecticut, recently gave his *twenty-fifth* "grape entertainment;" the grapes, abundant and luscious, being grown in his own garden.

DEATHS.

WALCOT.—At Milwaukee, Wisconsin, October 28, ELIZABETH J., wife of E. B. WALCOT, M.D., and sister to JOHN B. DOUSMAN, M.D., of Milwaukee.

A COLONY CONSUMED BY FEVER.—A malignant fever recently broke out at McCarthy's Island, River Gambia, and was so fatal that but one European survived, and he had a severe attack.

TO CORRESPONDENTS.

Remarkable Fecundity.—Last week I attended a negro woman, age 50 years, in labor with her twenty-seventh child. All (27) were single births, all living at birth except one. From what I can learn, she has never had an unnatural labor; and never has had a physician with her, except with two of her children. The last child is a boy, weighing ten and a half pounds, a few minutes after birth. The labor was tedious. Her first child was born when she was at the age of seventeen. She has had two children in one year. She has a daughter, aged 32, who has had twelve children, all at single births.

CASCO, GEO.

E. N. O. WARE, M.D.

Quack Advertising—Criminal Abortion.—I think you are doing justice to the papers which insert quack advertisements, and I hope you will follow them up. It is this mercenary spirit in our religious journals, which is the support of their murderous and disgusting advertisements. I wish you would send copies of those Nos. of the MEDICAL TIMES in which you take the *N. Y. Examiner* to task, to the leading religious journals of the country, and mark your article. Its application is very wide. Our village paper, *The Republican*, has, I believe, rejected all of the abortion advertisements by reason of the expostulations of your humble servant. I like much what is said in the medical journals on abortion, but it does but little good to talk of it there unless these articles are republished in the secular journals. I shall offer some of them for republication in our papers. The public (not the medical) needs instruction, and an intelligent sentiment needs to be cultivated on this daily increasing evil. Religious papers need to agitate the question, for religious (?) people are as deep in this sin as heretics and unbelievers. Catholics are, however, less

guilty than Protestants. I would suggest that you give the hint, in the TIMES, that physicians will be able to do much against the noxious vender and the abortionist, by securing the republication in the secular papers of articles on these topics, published in the medical journals. Coming from medical journals, they would have more weight in the public mind than any article on the subject prepared expressly for those papers.

HOMER, N. Y., Nov. 13.

C. G.

Pilula.—If you have not received a letter from us, please consider this an invitation to report the trial.

Raymond.—Our rule, in publishing deaths and marriages, is to insert only those which are properly authenticated. We are quite willing to publish the births and deaths in the families of physicians, if communicated by a responsible person.

S. G. S.—If you will refer to an early number, you will find a drawing of the original splint of Dr. Davis, for making extension in hip-joint disease. What you designate "Dr. Sayres' splint," is a modification of this splint, the principles of treatment remaining the same.

The Profession in the West.—"I am located far off in the country, near no physician. The nearest practitioner on the South is ten miles; on the West, twelve miles; on the East, thirteen miles; on the North, twenty miles. The western cities are overstocked with doctors. Many have been starved out of St. Paul's, Chicago, Milwaukee, and other large towns, but there are many small country towns where physicians may make from one to three thousand, annually—hard work, but good pay. You call the West the very garden of our future civilization; and if this is true, there is a mighty growth of seeds."

Nov. 13, 1860.

RACINE.

COMMUNICATIONS have been received from:—

Prof. CALEB GREEN, N. Y.; Dr. E. J. FOUNTAIN, IOWA; Dr. GEO. K. AMERMAN, Ill.; Dr. S. J. SAWYER, WIS.; JOHN MEAKIM, N. Y.; Dr. J. LANG, Ind.; Dr. J. S. GREEN, IOWA; Dr. B. K. HART, Ill.; Dr. M. BISHOP, Ark.; Dr. S. EASTMAN, N. Y.; Dr. P. B. SCOTT, Miss.; Dr. E. S. NEWTON, Ohio; Dr. S. S. SLOAT, N. Y.; Dr. N. C. COOLEY, N. Y.; Messrs. WILLIAMS & Co., Mass.; Dr. A. M. LANE, Ohio.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 10th day of November to the 17th day of November, 1860.

Deaths.—Men, 80; women, 88; boys, 102; girls, 74—total, 344. Adults, 168; children, 176; males, 182; females, 162; colored, 5. Infants under two years of age, 118. Among the causes of death we notice:—cholera-infantum, 2; infantile convulsions, 21; croup, 9; diphtheria, 16; diarrhoea, 2; dysentery, 5; scarlet fever, 19; typhus and typhoid fevers, 18; consumption, 55; small-pox, 4; dropsy of head, 10; infantile marasmus, 22; inflammation of brain, 8; of bowels, 6; of lungs, 18.

Nov.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°		0 to 10	In.
11th.	29.41	.14	46	43	49	4	7	NW.	9	.08
12th.	29.54	.14	49	44	57	6	10	NW.	9	
13th.	29.80	.34	50	48	56	8.5	11	NW.	0	
14th.	29.93	.11	48	41	55	8	11	NW.	0	
15th.	29.97	.11	49	38	60	8	14	NW.	0	
16th.	29.99	.10	47	41	53	5.5	7	SW.	0	
17th.	29.87	.31	45	45	54	8.5	5	SW.	8	

REMARKS.—11th, light rain, a.m., wind fresh all day; 12th, variable skies, very light rain, p.m., wind fresh all day; 13th, fine, wind fresh, a.m., moderate, p.m.; 14th, fine, wind light, a.m., calm, p.m.; 15th and 16th, fine days, with calms; 17th, fog, a.m., cloudy, p.m., wind calm.

MEDICAL DIARY OF THE WEEK.

Monday, Nov. 26.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Macready, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Nov. 27.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Wednesday, Nov. 28.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Gouley, half-past 1 P.M. N. Y. PATHOLOGICAL SOCIETY, half-past 7 P.M.
Thursday, Nov. 29.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
Friday, Nov. 30.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, 1½ P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Dec. 1.	{ BELLEVUE HOSP., Drs. Parker and Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Smith, half-past 1 P.M. EMIGRANTS' HOSP. WARD'S ISLAND, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

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